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CITY & COUNTY OF KINGSTON UPON HULL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH.

J. WRIGHT MASON, M.B.E., M.B., C.M., D.P.H., M.R.C.S.E.,

MEDICAL OFFICER OF HEALTH.

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To the Chairman and Members of the Health Committee.

Gentlemen,

I beg to submit my Annual Report for the year 1919. Owing to the pressure of war conditions, the reports for the previous five years had to be considerably curtailed, but with a view to supplying fuller information on public health subjects, and in order to comply with a request contained in a circular letter issued by the Ministry of Health, a more comprehensive review of the work of the Health Department is given.

During the war, 10 clerks (83 per cent.) and 25 inspectors or other officers (73 per cent.) joined H.M. Forces and served in various parts of the world.

I am pleased to record that several of these men distinguished themselves in the service and some secured promotion.

All the men who enlisted, except one (J. Mc Bride, a clerk, who was unfortunately killed) returned to their former duties. During their temporary absence, much of the ordinary work of the department had to be suspended, but this has now practically all been resumed.

I regret to have to record the death of Mr. J. McPhail, which occurred, after a brief illness, on the 20th December, 1919.

Mr. McPhail was appointed Chief Food Inspector in September, 1903.

Yours truly,

J. WRIGHT MASON.

Health Department,
Guildhall, Hull.

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PHYSICAL FEATURES.

The City of Hull occupies a low-lying tract of land situated on the north shore of the Humber, at the juncture of the River Hull with the Estuary. The "old town" itself (that is, the town within the docks) practically occupies the position of an ancient delta, and consequently, like much of the surrounding country, is practically pure old Humber Silt; very useful for the manufacture of bricks and cement, but, on account of its slight elevation above Ordnance Datum, it is generally waterlogged and damp. This old Humber silt occupies large areas on the sides of the estuary, as well as much of the old valley of the Hull. Beneath it in many places occurs a thin bed of peat, representing an ancient forest growth, below which are the "drift" beds consisting of Clay, Sand and Gravel, deposited during the Great Ice Age. Except for occasional patches of estuarine silt, or marl deposits representing the beds of ancient Meres now dry, the whole of the land known as Holderness—east of the Chalk Wolds—is glacial. At one point it is nearly 100 feet above O.D., but this undulating country averages from 10 to 50 feet above Sea Level. It is banked up against a buried cliff, averaging 100 feet in height, which extends from Bridlington, through Driffield and Beverley to Hessle, to the west of which is the Great Wold area, consisting of a mass of pure white chalk, the surface of which is irregular owing to numerous dry valleys, but upon which very few later deposits rest. The beds forming the Wolds dip towards Hull, and supply the water, pure and plentiful, to the City.

Chalk also underlies the glacial beds of Holderness, but, generally speaking, water obtained from this area is not satisfactory for dietetic purposes.

While the soft beds of silt, boulder clay, &c., in and around Hull are advantageous in connection with sewerage and other works, their damp nature is not of the healthiest.

INDUSTRIES.

The staple industries of Hull are :—Fishing, Shipbuilding and repairing, the building, outfitting and repairing of deep-sea Fishing Vessels, boilers and marine engines, Engineering and foundrywork, Wood-sawing, Leather tanning, Malting and brewing and the manufacture of Linseed oil, Cotton oil, Rape oil, Soya oil, Palm kernel oil, Castor oil for trade and medicinal purposes, Fish oil, Wheat, Cattle foods, Fertilizers, &c., Paints, Colours, Varnishes, Ship's composition &c., Confectionery, Preserved fish of all kinds, Cement, Starch, Black-lead, Margarine, Soft Soap, Dry Soap, Drugs, Spices and Essences, Patent foods and medicines, Mill machinery, Dredgers, Excavators &c., Carts and wagons, Radiators, Tin canisters and boxes, Brushes, Paper, Furniture and Organs.

WATER SUPPLY.

The Water Supply to the City of Hull and District, distributed from the Corporation Waterworks, is abundant in quantity, excellent in quality and constantly available under pressure.

Samples are taken periodically and submitted for analysis and bacteriological examination.

SUMMARY OF STATISTICS.

	1919.	1918.
Area of City	9359 acres.	9359 acres.
Height above sea (ordnance datum)	12 feet.	12 feet.
Population	291,327	246,357
Density	31.1 persons per acre.	26.2 persons per acre.
No. of Houses (estimated)	66,082	66,082
No. of persons per house ..	4.4	4.1
No. of Marriages	3,405	2,464
Marriage Rate	23.0	17.9
No. of Births	5,664	5,350
BIRTH RATE	19.4	19.3
Illegitimate Births	361	363
Do. Birth-rate	1.2	1.3
No. of Deaths	4,226	5,316
DEATH RATE	15.1	21.5
Infantile Mortality	633 deaths under 1 year, or 111 per 1,000 births.	669 deaths under 1 year, or 125 per 1,000 births.
No. of Zymotic Deaths ..	211	487
Zymotic Death Rate ..	0.75	1.95
Diarrhoea Death Rate (all ages)	0.26	0.48
„ „ (under 2 years)	0.21	0.30
Phthisis	1.61	1.02
Other Tubercular Diseases ..	0.44	0.54
Cancer	1.12	1.12
Assessable Value	£1,339,098	£1,336,787
Produce of Id. Borough Rate	£5.579	£5.162

NOTE.—The birth rate is based on a population of 291,327 and the death rates on a population of 279,664, in accordance with information furnished by the Registrar General.

REPORT.

VITAL STATISTICS.

Births.

The returns of the local registrars recorded 5,664 births within the City, equal to a rate of 19·4 per thousand of the population, as against 19·5 in the preceding year, and 19·1 in 1917. The average birth rate for the previous five years (1914-18) was 22·7.

Of the total births 2,777 were males and 2,887 were females.

Although the birth rate was only on a level with the two previous years, a considerable increase was recorded in the last quarter as compared with the first quarter of the year, as is shewn by the following figures:—

1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
1,099	1,163	1,524	1,878

The subjoined figures shew the number of births and the birth rates for the last ten years:—

Year.	No. of Births.	Birth Rate.
1910	8014	29·1
1911	7949	28·5
1912	7834	27·7
1913	7904	27·5
1914	7902	27·1
1915	7230	24·8
1916	6712	23·2
1917	5252	19·1
1918	5350	19·5
1919	5664	19·4

Deaths.

There were 4,226 deaths, equal to a rate of 15·1 per 1000, as against 21·5 in 1918, and 16·1 in 1917.

Of the total deaths in 1919, 2,243 were males and 1,983 were females, and occurred as follows:—

1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
1,575 ..	967 ..	746 ..	938

It is interesting to note that there was a satisfactory decrease in the death rate as compared with that in 1918. A further decline would doubtless have been recorded but for the recurrence of Influenza in the first quarter of the year. Particulars of this outbreak are given on page 21.

The mortality from infectious diseases generally was exceptionally low, the rate being only 0·75 per 1,000 of the population, and the number of deaths from each disease as follows:—

Typhoid Fever..	..	..	..	..	7
Measles ..	..	..	..	..	27
Scarlatina ..	..	..	..	..	8
Whooping Cough	..	..	..	..	62
Diphtheria ..	..	..	..	..	34
Diarrhœa ..	..	..	..	..	73

Full particulars as to births and the mortality amongst infants and children under five years appear under the Maternity and Child Welfare Section of this report. See page 62.

The following statement shews the number of deaths and the death rate for the past ten years:—

Year.	No. of Deaths.	Death Rate.
1910 ..	4253 ..	15·2
1911 ..	4658 ..	16·6
1912 ..	4084 ..	14·4
1913 ..	4230 ..	14·7
1914 ..	4366 ..	15·0
1915 ..	4494 ..	16·7
1916 ..	4266 ..	16·6
1917 ..	3975 ..	16·1
1918 ..	5316 ..	21·5
1919 ..	4286 ..	15·1

CAUSES OF, AND AGES AT, DEATH IN LOCALITIES, &c.

CAUSES OF DEATH.		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.									Nett Deaths of "Residents" whether occurring within or without the District.															Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.	
		All ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	Drypool.	Alexandra.	South-coates.	Bevelay.	East Central.	West Central.	Paragon.	Park.	Newland.	White-friars.	Myton.	Dotanic.	Albert.	Coltman.	South Newington.		North Newington.
All Causes	Certified	4200	633	151	204	197	205	614	1004	1204	270	333	419	140	365	246	151	177	317	103	237	210	249	327	437	219	..
	Uncertified	26	12	1	1	..	1	1	3	7	4	3	3	1	1	2	..	..	2	1	1	..	1	..	7	..	..
Enteric Fever.....		7	..	..	..	1	..	3	2	1	..	..	..	..	..	..	..	..	1	..	..	1	2	2	1	5	
Small Pox.....		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles.....		27	7	8	10	2	..	..	..	..	..	..	1	3	4	..	1	3	..	1	..	2	4	6	2	5	
Scarlet Fever.....		8	..	3	2	3	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	3	..	1	3		
Whooping Cough.....		62	23	13	22	4	..	..	..	..	4	8	7	3	6	3	..	..	2	..	3	5	5	10	4	11	
Diphtheria and Croup.....		34	2	2	14	16	..	..	..	..	..	6	1	1	3	2	..	1	4	..	2	2	1	7	4	27	
Influenza.....		317	4	7	15	16	33	101	85	56	28	35	46	17	31	29	9	16	19	6	4	13	15	12	23	14	76
Erysipelas.....		6	..	..	..	2	..	1	3	..	1	..	1	..	1	1	..	1	..	..	..	..	1	..	..	1	
Phthisis (Pulmonary Tuberculosis)		237	3	1	7	19	76	116	61	4	16	24	26	10	19	22	12	14	18	10	15	21	13	32	19	6	39
Tuberculous Meningitis.....		40	6	5	7	13	8	1	..	..	2	1	4	1	4	4	1	..	..	3	3	1	5	3	4	3	17
Other Tuberculous Diseases ..		84	9	5	8	18	18	20	5	1	2	5	9	1	6	7	4	1	10	3	7	3	3	5	14	4	32
Cancer, malignant disease ..		313	..	..	..	..	1	44	174	94	22	23	26	15	23	17	11	17	33	9	12	16	21	12	38	18	96
Rheumatic Fever.....		7	..	..	2	..	2	1	2	..	..	1	1	..	1	..	..	..	..	..	..	2	1	1	..	1	1
Menigitis.....		35	11	5	3	9	3	3	1	..	3	2	7	2	6	..	..	..	4	..	1	..	1	2	5	2	15
Organic Heart Disease.....		333	..	..	..	6	7	49	152	119	27	23	25	10	27	19	13	23	25	14	26	25	19	20	27	10	73
Bronchitis.....		463	62	20	18	9	4	22	135	193	33	34	43	11	50	31	19	14	28	14	42	26	34	38	28	18	46
Pneumonia (all forms).....		405	100	50	63	26	13	63	53	37	24	26	30	9	38	18	19	14	25	9	26	15	27	45	58	22	90
Other diseases of Respiratory Organs.....		58	10	2	5	2	2	11	17	9	3	6	5	2	13	3	1	2	7	..	..	2	1	6	7	..	7
Diarrhoea and Enteritis.....		73	59	2	4	..	2	2	1	5	3	8	3	3	7	3	3	3	3	2	9	5	4	3	10	4	26
Appendicitis and Typhlitis ..		13	..	..	..	6	1	3	1	2	2	..	1	..	1	2	1	..	2	..	1	..	..	..	1	2	19
Cirrhosis of Liver.....		5	..	..	..	..	..	1	2	2	..	..	..	..	1	..	..	..	1	..	..	1	1	..	..	..	..
Alcoholism.....		2	..	..	..	..	..	..	2	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Nephritis and Bright's Disease		83	..	..	3	3	1	24	27	25	4	9	14	3	8	4	2	6	6	2	5	1	4	6	3	6	16
Puerperal Fever.....		6	..	..	..	..	2	4	..	..	1	..	..	..	1	..	..	..	..	..	1	..	2	1	..	5	
Other accidents and diseases of Pregnancy and Parturition		23	..	..	..	..	2	21	..	..	2	1	2	2	2	..	..	1	4	..	1	..	..	4	3	1	12
Congenital Debility and Malformation, including Premature Birth.....		286	280	4	2	..	..	..	..	..	23	27	38	8	25	13	3	6	14	2	14	11	25	23	41	13	45
Violent Deaths, excluding Suicide		109	1	5	9	17	7	27	22	21	9	13	12	3	10	7	3	5	8	3	6	2	5	7	11	5	72
Suicides.....		30	..	..	..	2	2	11	15	2	1	2	2	2	1	1	1	1	4	2	3	1	3	1	3	2	7
Paralysis and Diseases of Brain		270	1	..	2	2	7	26	130	104	12	20	27	10	24	10	10	14	32	7	14	15	15	26	19	17	76
Cerebro-Spinal Meningitis ..		7	1	1	..	3	..	1	..	1	1	..	3	..	1	..	..	..	..	..	..	1	..	1	..	6	
Old Age.....		505	..	..	..	..	..	..	10	495	32	35	49	15	36	25	23	31	43	15	30	32	22	29	53	35	127
Other Defined Diseases.....		333	55	20	9	23	17	61	107	41	19	26	42	11	19	22	11	5	24	5	14	15	20	33	41	24	151
Diseases ill-defined or unknown		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS		4226	633	152	205	197	206	615	1007	1211	274	336	422	141	366	248	151	177	319	104	238	210	250	327	444	219	1090

The following table shews the general death-rate and death-rates per 1000 from the seven principal Zymotic diseases in Hull for the years 1900 to 1919 :—

Year.	Birth-rate per 1000.	Death-rate per 1000	Seven Zymotic Diseases.	Small Pox.	Measles.	Scarlatina.	Diphtheria.	Whooping Cough.	Fevers.	Diarrioea.
1900	32.7	19.2	3.02	0.07	0.54	0.17	0.06	0.28	0.20	1.69
1901	33.1	18.3	3.02	—	0.48	0.06	0.15	0.38	0.22	1.70
1902	31.8	16.8	2.19	—	0.76	0.07	0.34	0.42	0.18	0.41
1903	31.2	16.6	2.22	0.02	0.47	0.03	0.30	0.09	0.07	1.24
1904	30.9	18.3	3.46	0.01	0.70	0.05	0.24	0.24	0.14	2.07
1905	30.0	16.1	2.35	0.01	0.08	0.10	0.28	0.47	0.08	1.31
1906	30.0	17.1	2.80	0.04	0.23	0.03	0.51	0.26	0.18	1.54
1907	29.1	16.2	1.89	0.00	0.66	0.05	0.24	0.37	0.06	0.49
1908	30.5	16.5	2.40	—	0.34	0.01	0.17	0.20	0.08	1.59
1909	29.6	15.1	1.38	0.00	0.28	0.04	0.22	0.18	0.04	0.60
1910	29.1	15.5	1.93	0.00	0.26	0.05	0.16	0.24	0.11	1.10
1911	28.5	16.6	3.20	—	0.34	0.04	0.07	0.33	0.24	2.20
1912	27.7	14.4	1.08	—	0.52	0.00	0.07	0.09	0.11	0.32
1913	27.5	14.7	1.75	—	0.04	0.00	0.12	0.26	0.14	1.17
1914	27.1	15.0	1.71	—	0.32	0.02	0.16	0.16	0.14	0.91
1915	24.8	16.7	1.68	—	0.13	0.02	0.21	0.20	0.05	1.0
1916	23.2	16.6	1.24	—	0.22	0.03	0.09	0.22	0.09	0.61
1917	19.1	16.1	1.32	—	0.02	0.04	0.11	0.37	0.06	0.73
1918	19.5	21.5	1.95	—	1.01	0.01	0.21	0.28	0.05	0.48
1919	19.4	15.1	0.75		0.09	0.03	0.12	0.22	0.02	0.26

NOTE.—In this table 0.00 indicates that the deaths were too few to give a rate of 0.005 ; when no deaths occurred — is inserted.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1919 AND PREVIOUS YEARS.

YEAR.	Population estimated for each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE DISTRICT.		
		Un-corrected Number.	Net.		Number.	Rate.	of Non-residents registered in the District.	of Residents registered in the District.	Under 1 Year of Age.		At all Ages.
			Number.	Rate.					Number.	Rate per 1000 Net Births.	
1914	291,118	7896	7902	27.1	4357	14.9	71	80	960	121	4366 15.0
1915	291,118	7232	7230	24.8	4198	16.7	107	103	867	120	4194 16.7
1916	265,764	6701	6712	23.2	4277	16.1	85	74	764	121	4266 16.0
1917	246,357	5271	5252	19.1	3996	16.2	120	99	634	120	3975 16.1
1918	246,357	5359	5350	19.5	5329	22.0	121	108	669	125	5316 21.5
1919	291,527	5690	5664	19.4	4255	15.2	139	110	633	111	4226 15.1

Area of district in acres } 9359.
(land and inland water).. }

Total population at all ages..... 277991 (at Census 1911.).

SKETCH PLAN

SHEWING IN MUNICIPAL WARDS FOR

1919,

BIRTH-RATE per 1000 of POPULATION

DEATH-RATE Ditto. Ditto.

ZYMOTIC DEATH RATE Ditto.

INFANTILE DEATH RATE Ditto.

ESTIMATED POPULATION PER ACRE.

NEWLAND.

14.8
11.3
0.4
1.2
19.2

BEVERLEY.

16.4
8.6
0.5
0.9
25.4

PARK.

14.5
15.7
0.4
0.9
55.1

WEST
CENTRAL

21.4
17.5
0.8
2.6
145.8

EAST
CENTRAL

21.0
23.6
1.2
3.7
87.1

SOUTHCOATES.

23.7
18.1
0.5
2.7
49.0

18.1
11.1
0.7
1.9
11.2

BOTANIC.

16.4 14.8 0.5
2.1 42.6

NORTH NEWINGTON.

17.0
10.2
0.7
1.4
29.5

PARAGON.

11.2 14.6 0.2
1.4 59.1

WHITE-
FRIARS.

16.9
26.6
0.7
1.5
33.0

DRYPOOL.

ALEXANDRA.

ALBERT.

22.3
15.4
0.8
2.4
111.9
101.8

MYTON.

19.2 18.4
1.0 3.0
67.8

COLTMAN.

SOUTH NEWINGTON.

23.9 13.6 1.0
2.8 41.8

H U M B E R
CITY AND COUNTY
OF
KINGSTON UPON HULL.

POPULATION, 291327.

BIRTH RATE FOR WHOLE CITY, 19.4.

DEATH RATE FOR WHOLE CITY, 15.1.

INFANTILE DEATH RATE, 2.2.

ZYMOTIC DEATH RATE, 0.75.

TABLE SHOWING THE BIRTH-RATE, DEATH-RATE, &c., IN THE VARIOUS WARDS.

DISTRICT.	Estimated Population.	Area in acres, excluding Dock water areas.	Persons to an acre.	Birth-rate per 1,000.	Death-rate from all causes per 1,000.	Zymotic Death-rate per 1,000.	Rate per 1,000 of Deaths from all causes over 1 year and under 5 years.	Rate per 1,000 of Deaths from all causes under 1 year.
Drypool ..	15064	307	49.0	23.7	18.1	0.53	2.72	1.26
Alexandra ..	30270	2689	11.2	18.1	11.1	0.75	1.91	0.79
Southcoates ..	29213	1129	25.8	22.2	14.4	0.37	2.39	1.74
Beverley ..	16279	640	25.4	16.4	8.6	0.55	0.92	0.55
East Central ..	15502	178	87.1	21.0	23.6	1.28	3.70	2.32
West Central ..	14152	97	145.8	21.4	17.5	0.84	2.61	1.29
Paragon ..	10347	175	59.1	11.2	14.6	0.29	1.45	0.87
Park ..	11297	205	55.1	14.5	15.7	0.44	0.97	0.89
Newland ..	28935	1459	19.2	14.8	11.3	0.42	1.21	0.61
Whitefriars ..	3901	118	33.0	16.9	26.6	0.76	1.53	0.51
Myton ..	12884	190	67.8	19.2	18.4	1.08	3.02	1.55
Botanic ..	14141	332	42.6	16.4	14.8	0.56	2.12	0.84
Albert ..	15106	149	101.4	23.4	16.5	0.92	2.97	1.65
Coltman ..	21158	189	111.9	22.3	15.4	0.84	2.41	1.41
North Newington	21384	723	29.5	17.0	10.2	0.74	1.40	0.74
South Newington	32594	779	41.8	23.9	13.6	1.07	2.88	1.27
Totals ..	291327	9359	31.14	19.4	15.1	0.75	2.26	1.27

METEOROLOGICAL OBSERVATIONS.

TAKEN BY H. B. WITTY, F.R., MET. SOC., AT PEARSON PARK.

Latitude 53° 45' North; Longitude 0° 16' West; Height above sea (Ordnance datum 6'00 feet).

1919.	AT NINE H. A.M. LOCAL TIME.				AT NINE H. P.M. LOCAL TIME.				EARTH TEMPERATURE.				TAKEN AT NINE H. P.M. LOCAL TIME.			
	Mean Reading of				Mean Reading of				Average.				Mean Reading of Self-registering Thermometers.			
	Barom-eter.	Attached Therm.	Dry Bulb Therm.	Wet Bulb Therm.	Barom-eter.	Attached Therm.	Dry Bulb Therm.	Wet Bulb Therm.	At 1 ft. deep.	At 4 ft. deep.			Max. in Air.	Min. in Air.	Max. in Rays of Sun.	Min. on Grass.
January	in. 29.754	46.8	37.5	36.1	in. 29.761	47.0	37.1	35.7	36.5	43.2			41.0	32.8	48.1	28.1
February	29.806	45.1	37.0	35.6	29.830	46.2	37.2	35.9	35.3	40.8			41.0	31.5	55.2	26.8
March ..	29.834	48.2	39.0	36.8	29.828	48.5	38.0	36.2	37.8	40.9			44.4	32.8	75.3	27.5
April ..	29.954	55.1	47.0	43.9	29.988	52.8	44.5	41.9	36.9	42.3			53.1	37.7	92.1	32.4
May ..	30.142	60.6	57.0	52.8	30.184	61.8	52.3	49.2	51.8	46.6			64.6	45.0	106.3	39.6
June ..	30.148	57.4	60.0	54.8	30.138	63.7	57.1	53.2	58.8	52.3			67.6	49.5	110.0	43.7
July ..	30.085	62.5	61.2	54.0	30.092	63.0	55.7	53.2	56.1	50.6			64.0	50.4	103.0	45.7
August	30.002	65.5	61.9	57.0	30.030	64.6	59.7	55.5	59.1	55.8			69.6	52.5	100.0	45.0
September	30.367	61.9	55.4	53.3	30.033	62.0	57.1	51.9	54.6	56.1			64.3	47.9	97.2	39.3
October	30.512	55.7	66.6	44.2	30.187	56.0	45.5	43.6	45.4	52.2			54.1	38.7	86.3	31.3
November	29.811	49.1	38.2	36.6	29.780	48.8	38.3	37.3	38.7	46.4			43.1	34.0	56.5	27.0
December	29.755	49.0	41.2	38.4	29.729	49.1	39.4	38.1	37.5	43.9			44.8	35.7	52.3	29.8
Year ..	30.014	54.8	50.1	45.2	29.965	55.2	46.7	44.3	45.7	47.5			54.3	40.7	81.8	34.6

TABLE SHEWING BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY DURING THE YEAR, 1919.

	Birth Rate per 1,000 Total Popula- tion.	ANNUAL DEATH-RATE PER 1,000 CIVILIAN POPULATION.								Rate per 1,000 Births.		PERCENTAGE OF TOTAL DEATHS.*			
		All Causes.	Enteric Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Violence.	Parthaea and Enteritis (under 2 years).	Total Deaths under one year.	Deaths in Public Institutions.	Certified Causes.	Inquest Cases.	Uncertified Cases of Death.
England and Wales ..	18.5	13.8	0.01	0.00	0.10	0.03	0.07	0.13	0.47	9.59	8.9	23.9	92.5	6.2	1.3
96 Great Towns, includ- ing London (Census Populations exceeding 50,000)	19.0	13.8	0.01	0.00	0.13	0.04	0.07	0.14	0.45	12.24	9.3	20.2	92.3	6.9	0.8
148 Smaller Towns (Census Populations, 20,000-50,000) ..	18.3	12.6	0.01	0.00	0.10	0.03	0.08	0.12	0.39	8.67	9.0	16.6	93.6	4.9	1.5
Hull	19.4	15.1	0.02	0.00	0.09	0.03	0.22	0.12	0.49	10.7	11.1	25.7	91.5	7.5	1.0

* Non-civilians are included in these figures for England and Wales but not for other areas.

VACCINATION.

RETURNS MADE BY THE VACCINATION OFFICERS OF THE HULL AND SCULCOATES UNIONS RESPECTING THE VACCINATION OF CHILDREN WHOSE BIRTHS WERE REGISTERED DURING THE YEAR 1918.

Districts.	Births.	Successfully Vaccinated.	In-susceptible.	Dead Unvaccinated.	Not accounted for.	Conscientious Objection Certificates
Drypool ..	823	490	2	82	89	160
Southcoates	708	369	5	96	77	161
East Sculcoates	577	320	—	63	69	125
West Sculcoates	897	434	4	67	52	340
Humber ..	375	207	2	39	36	91
Myton ..	997	525	4	105	96	267
Newington ..	976	404	3	78	152	339
Totals	5353	2749	20	530	571	1483

OUTBREAK OF SCARLATINA.

During the month of September there was a large increase in the number of Scarlatina cases notified, which subsequently assumed epidemic proportions. Of a total of 1,371 cases notified throughout the year, 1,061 occurred in the last four months, the figures being :—September, 156 ; October, 256 ; November, 355 ; December, 294. The epidemic shewed signs of a decline by the end of the year, and practically terminated in the March following.

The following statement shews particulars as to the ages and number of cases notified during the period of the epidemic. (September, 1919, to March, 1920).

At all Ages.		0-1.		1-5.		5-15.		15-26.		25 Up.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
633	846	3	1	84	83	446	609	82	114	18	39
1479		4		167		1055		196		57	

The outbreak was of an exceedingly mild character, and was marked by a low mortality, there being only eight deaths recorded for the whole year.

Seventy-one per cent. of the cases notified were between 5 and 15 years of age.

Owing to the war the erection of the new infectious diseases hospital at Cottingham, the plans of which had been

approved by the Local Government Board, had to be postponed. The absence of adequate accommodation for scarlatina cases during the epidemic was acutely felt, and whilst the epidemic lasted, it was only possible to remove 31 per cent. of the cases to hospital, whereas in previous years, in the absence of epidemics, it was possible to admit upwards of 70 per cent. of the cases notified. Preference as to removal was given where there was the least accommodation at home, or where for special reasons, it was desirable to remove a patient.

The Health Committee, in order to meet the emergency, decided to purchase and equip disused wooden Army huts at the City Hospital, but, unfortunately, this accommodation was not available in time to be of any value.

The Scheme, however, is being proceeded with, so that any future emergency may, at least, be partially met until the new hospital is erected.

INFLUENZA.

Influenza accounted for 317 deaths in 1919, as compared with 975 in 1918, and an annual average of 34 for the decennium 1908-1917, the death rates from such disease being 1.1, 3.9 and 0.1 respectively.

For the same periods, the deaths from all causes were 4,226, 5,316 and 4,284, giving respective death rates of 15.1, 21.5 and 15.4.

It will be seen that, had there been no influenza in the City in 1919 and 1918, the death rates per thousand of the population from all causes would have respectively been 14.0 and 17.6, instead of 15.1 and 21.5.

The termination in the last week of 1918 of the second wave of prevalence of the epidemic of 1918-1919 was followed by a fall in the number of deaths from influenza in January, 1919, 24 being recorded in the month, as against 66 in December, 1918.

February, 1919, witnessed a recrudescence of the disease and the beginning of a further epidemic wave, which, although less extensive than that of the previous autumn, returned a higher number of deaths than was registered in the first invasion in June and July, 1918.

In the 1919 visitation, as in the two preceding phases of the epidemic in 1918, the disease was not confined to the congested and crowded districts of the City, and insanitary conditions did not appear to have any direct causal relationship with its incidence; it was prevalent in all parts of the City, and the persons attacked were representative of every section of the community.

Three forms of the disease were met with, namely, (a) nervous, (b) catarrhal, and (c) gastric, but the catarrhal form was the most common.

Incubation covered a period of from one to two days, and infection was at its height in the very early stages of the disease.

There was a higher mortality among males than females; this was also the case, though in a lesser degree, in the first outbreak, whilst in the autumnal invasion the reverse obtained, the fatality of females exceeding that of males by 12·8 per cent.

Under the age period of 25 to 45 years was registered the highest number of deaths, which was in keeping with what occurred in the two previous outbreaks.

It may be of interest to note that the percentage of influenza deaths in Hull between 5 to 15 years of age to total deaths from the same disease was 18·9 in the autumn, as against 5·3 for the same age period in the spring; and that between the ages of 15 to 25 it was 14·9, as against 9·5; and 46·4, as compared with 76·9 for the periods embracing the ages of 25 to 65 years and over.

Whilst not prepared to give a definite opinion as to the cause of the above decrease in the percentage of the deaths

of school children, I would venture the assumption that the disease, being of a milder type in this phase of the epidemic, persons attacked up to 15 years of age appeared less liable to succumb to it. Regarding the increased adult mortality, for the same outbreak among persons of 25 to 65 years and over, this was, no doubt, mainly due to the seasonal changes of the period.

Having insufficient data to work on, it is impossible to furnish reliable information as to second attacks, but, as far as was ascertained, they were comparatively few in number.

Included in the deaths from other diseases of the respiratory organs for 1919 were pneumonia and broncho-pneumonia, 405, and bronchitis, 463, as against 565 and 448 in 1918, and an annual average of 347 and 383 respectively during the years 1908-1917. Though certified as due to the causes named, it is safe to conclude that a proportion of such deaths were occasioned by influenza.

Of the 317 influenza deaths in 1919, 265 occurred in the third phase of the epidemic of 1918-1919, and were distributed over the 12 weeks ended April 26th, 156, or 58.9 per cent., being males, and 109, or 41.1 per cent., females. 204, or 77 per cent., of such deaths comprised persons between the ages of 25 to 65 years and over, 87, or 32.8 per cent., being between 25 to 45 years.

For the same 3 months, the number of deaths from all causes was 1,532, and included influenza 265, pneumonia and broncho-pneumonia 186, and bronchitis 223, the death rates per thousand of the population being 23.8, 4.1, 2.9 and 3.5 respectively.

Influenza attained its maximum fatality, with 63 deaths, in the week ended March 1st, deaths from all causes being 224 (the highest number recorded in any week in the year), and including influenza 63, pneumonia and broncho-pneumonia 35, and bronchitis 39, the death rates being 41.8, 11.8, 6.5 and 7.3 respectively. The maximum weekly number of influenza

deaths in 1918 was registered in the week ended November 2nd, when 210 deaths were returned, the deaths from all causes registering the abnormally high figure of 376, and including influenza 210, pneumonia and broncho-pneumonia 62, and bronchitis 34, the resultant high death rates per thousand being 79·6, 44·5, 13·1 and 7·2 respectively.

The following is a summary of the steps taken to combat the spread of the disease :—

Distribution of handbills, giving advice as to precautions to be taken, &c.

Cinemas and other places of entertainment ventilated by the proprietors of the buildings, in response to the request of the Medical Officer of Health.

Advice given by Health Visitors at homes in the poorer and overcrowded districts of the City.

Visitation of homes of the sick poor by nurses from the Jubilee District Nursing Association.

Houses fumigated on request.

Prophylactic vaccine for influenza obtained for supply to medical practitioners.

INFLUENZA DEATHS 1919.

Occupations.

Housewives	..	..	..	..	..	90
Labourers, General	..	..	..	..	..	40
" Dock	..	..	..	..	..	18
Building Trades	..	..	..	..	..	8
Engineers, &c.	..	..	..	..	..	7
Clerks	..	..	..	..	..	6
Oilmillers	..	..	..	..	..	6
Railway Employees	..	..	..	..	..	5
Shoemakers	..	..	..	..	..	5
Moulders	..	..	..	..	..	4
Boilmakers	..	..	..	..	..	3
Printing Trade..	..	..	..	..	..	3
Domestic Servants	..	..	..	..	..	3
Keelmen	..	..	..	..	..	2
Painters	..	..	..	..	..	2
No Occupation (Females)	..	..	..	..	..	10
Do. (Males)	..	..	..	..	..	6
Children	..	..	..	..	..	36
Miscellaneous	..	..	..	..	..	63

Table showing the number of deaths and the death rates per 1,000 of the population from All Causes, and from Influenza, Pneumonia and Broncho-Pneumonia, and Bronchitis for

(1) 1919-1918, and the average year for the decennium 1908-17; and

(2) the last of the three Influenza epidemic periods in 1918-19, and the week in such period when Influenza attained its maximum fatality.

Period.	No. of Deaths from				Rate per 1000 of the population.			
	All Causes.	Influenza	Pneumonia and Broncho-Pneumonia.	Bronchitis	Influenza, Pneumonia, and Broncho-Pneumonia.	Influenza	Pneumonia and Broncho-Pneumonia.	Bronchitis, Influenza, Pneumonia, and Broncho-Pneumonia.
(1)								
1919	4226	317	405	463	1185	15.1	1.1	1.7
1918	5316	975	565	448	1988	21.5	3.9	1.8
1908-1917								
(Annual Average)	4284	34	347	383	764	15.4	0.1	1.4
(2)*								
12 Weeks ended								
April 26th, 1919	1532	265	186	223	674	23.8	4.1	2.9
Week ended								
Mar. 1st, 1919†	224	63	35	39	137	41.8	11.8	6.5
								7.3
								25.6

* The death rates for these periods are based on the estimated population for 1919, furnished by the Registrar General in 1920. Hence the difference between such rates and those in similar tables in the Annual Report for 1918.

† Week in which Influenza attained its maximum fatality.

Table shewing, in age and sex distribution, the number of deaths from Influenza, Pneumonia and Broncho-Pneumonia, and Bronchitis, during the last of the three Invasions of Influenza in 1918-19.*

TWELVE WEEKS ENDED APRIL 26th, 1919.									
DISEASE.	SEX.	AGE PERIODS.							TOTALS.
		Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 45 years.	45 to 65 years.	
Influenza	M. F.	4 —	2 3	8 5	8 6	13 12	48 39	40 29	156 109
Totals		4	5	13	14	25	87	69	265
Pneumonia	M. F.	3 6	4 3	5 4	3 3	3 1	9 10	9 5	40 35
Total		9	7	9	6	4	19	14	75
Broncho-Pneumonia	M. F.	26 22	11 7	8 16	2 3	— —	— —	5 9	53 58
Total		48	18	24	5	—	—	14	111
Bronchitis	M. F.	15 13	7 4	5 3	3 2	— —	6 3	25 25	105 118
Total		28	11	8	5	—	9	50	223

* The first two Invasions were in 1918.

Table showing, week by week, the total number of deaths and the death rates from All Causes, and the number of deaths from Influenza, Pneumonia and Broncho-Pneumonia and Bronchitis during 1919.

1919.		Total Deaths	Weekly Death rate per 1,000 of Estimated Population	No. of Deaths from		
Week ended				Influenza	Pneumonia and Broncho-Pneumonia	Bronchitis
Jan.	4th ..	91	16.4	8	9	6
"	11th ..	80	14.9	8	5	12
"	18th ..	100	18.7	3	9	11
"	25th ..	91	16.4	5	8	6
Feb.	1st ..	86	16.0	1	13	10
"	8th ..	116	21.6	9	12	13
"	15th ..	125	23.3	13	15	16
"	22nd ..	198	36.9	46	33	26
Mar.	1st ..	224	41.8	63	35	39
"	8th ..	187	34.9	59	25	29
"	15th ..	138	25.7	17	18	23
"	22nd ..	95	17.7	19	9	14
"	29th ..	88	16.4	9	9	8
April	5th ..	90	16.8	5	12	17
"	12th ..	106	19.7	14	10	16
"	19th ..	98	18.3	7	4	12
"	26th ..	67	12.5	4	4	10
May	3rd ..	86	16.0	2	6	10
"	10th ..	92	17.2	3	19	5
"	17th ..	72	13.4	2	11	2
"	24th ..	64	11.9	1	3	5
"	31st ..	62	11.6	2	5	—
June	7th ..	64	11.9	1	2	4
"	14th ..	54	10.1	—	5	4
"	21st ..	39	7.3	1	1	3
"	28th ..	64	11.9	—	6	2
July	5th ..	55	10.3	—	3	3
"	12th ..	57	10.6	—	6	3
"	19th ..	45	8.4	—	2	3
"	26th ..	50	9.3	—	2	6
Aug.	2nd ..	53	9.9	—	4	1
"	9th ..	53	9.9	1	3	2
"	16th ..	59	11.0	1	4	4
"	23rd ..	57	10.6	1	3	6
"	30th ..	44	8.2	—	1	4
Sept.	6th ..	57	10.6	1	1	3
"	13th ..	65	12.1	1	2	4
"	20th ..	78	14.6	—	2	4
"	27th ..	52	9.7	—	3	2
Oct.	4th ..	80	14.9	2	4	3
"	11th ..	67	12.5	—	5	1
"	18th ..	61	11.4	1	3	5
"	25th ..	64	11.9	1	1	4
Nov.	1st ..	64	11.9	—	5	6
"	8th ..	68	12.7	1	6	6
"	15th ..	76	14.2	—	4	11
"	22nd ..	74	13.8	1	2	11
"	29th ..	72	13.4	1	8	11
Dec.	6th ..	66	12.3	—	6	4
"	13th ..	64	11.9	—	4	7
"	20th ..	74	13.8	1	4	6
"	27th ..	68	12.7	2	3	7

* Period of third phase of Influenza epidemic.

Proposed Scheme to deal with further Outbreak of Influenza.

In view of the possibility of another outbreak of influenza, the Ministry of Health, in December, 1919, issued to local authorities a Memorandum on the Prevention of Influenza, and the Hull Corporation Health Committee, in pursuance of a recommendation contained in such memorandum, appointed the Chairman, Deputy-Chairman, and Councillor Dean, to act as a small Emergency Sub-Committee, and to incur the necessary expenditure in the event of a further invasion of the disease: and the Medical Officer of Health prepared a report as to the arrangements to be made in advance for dealing with an outbreak of influenza.

The steps taken, and the recommendations made, are as under :—

Vaccination.—Local medical practitioners notified as to the prophylactic prepared by the Ministry of Health against influenza, and a quantity of the vaccine obtained by the Medical Officer of Health, including supplies that might be asked for by medical officers of outgoing ships bound for infected ports.

Printed Precautions.—Emergency leaflet printed, and distribution of same, with permission of the Director of Education, mainly effected through the agency of the elementary and secondary schools. Leaflet also circulated by Health Department at private schools, at premises visited by various members of the inspectorial staff, &c., and at Maternity and Child Welfare Centres, Food Distribution Depot, and Tuberculosis Dispensaries.

Domiciliary Nursing. Co-operation of the Jubilee District Nursing Association and Hull Corps of the St. John Ambulance Brigade invited, both of which bodies promised to render assistance in the nursing of necessitous influenza cases in the homes of the patients.

Included in the recommendations of the report are the following :—

(a) *Health Visiting*.—Health Visitors to investigate and report on all cases of influenza coming to their notice in their respective districts: to give, where necessary, elementary instructions as to nursing, &c., and to promptly notify the Medical Officer of Health of all cases in which nursing or other assistance is urgently needed.

(b) *Nursing and Medical Assistance*.—The Medical Officer of Health to—

(i.) make arrangements with the Jubilee District Nursing Association for the nursing of necessitous cases in which such assistance is urgently required.

(ii.) be empowered, in the event of the staff of such Association being unable to render nursing assistance in all necessitous cases, to take such steps as may be necessary to obtain temporary assistance of additional trained nurses, the cost to be borne by the Corporation, and to include payment for board, lodging, washing and tram fares :

(iii.) take advantage, in cases of extreme emergency, of the voluntary assistance offered by the members of the Hull Corps of the St. John Ambulance Brigade.

(iv.) arrange for the provision of medical assistance, including the dispensing of doctors' prescriptions in such cases as he may consider necessary.

(c) *Institutional Treatment*.—Such accommodation as can, with safety, be made available at the Evan Fraser Hospital to be utilised for the isolation of badly-housed influenza cases.

(d) *Home Helps*.—A list to be obtained through the Health Visitors, or by advertisement, of suitable persons who would be willing, when called upon, to act as home helps in necessitous influenza cases.

(e) *Removals to Public Mortuary*.—In cases where the bodies of persons who have died from influenza cannot be properly accommodated in their own homes, such bodies to be removed to the Public Mortuary.

CASES OF INFECTIOUS DISEASE NOTIFIED.

DISEASE.	NUMBER OF CASES NOTIFIED.							TOTAL CASES NOTIFIED IN EACH LOCALITY.														Total Cases removed to Hospital.			
	At all ages.	At Ages—Years.						Drypool.	Alexandra.	Southcoates.	Beverley.	East Central.	West Central.	Newland.	Park.	Paragon.	Whitefriars.	Mylton.	Botanic.	Albert.	Coltman.		N. Newington.	S. Newington.	
		Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.																		65 and upwards.
Small Pox ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera (C) Plague (P)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Membranous croup ..	489	93	296	64	26	8	—	23	45	59	27	31	20	42	20	5	5	23	30	15	28	47	71	—	305
Erysipelas ..	122	6	15	8	35	45	10	9	12	10	5	5	5	11	4	6	1	5	6	8	15	5	15	—	526
Scarlet Fever ..	1371	4	997	153	33	6	—	74	171	200	27	29	29	165	33	10	4	44	50	88	166	85	193	—	526
Typhus Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever ..	34	—	12	10	6	4	—	3	1	1	2	—	2	4	1	—	—	2	4	2	—	4	—	—	17
Relapsing Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ..	7	—	—	1	6	—	—	—	—	—	—	—	3	1	—	—	1	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis ..	9	1	4	1	1	—	—	1	—	2	—	—	—	—	—	—	—	1	1	1	—	—	1	—	—
Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum ..	104	—	—	—	—	—	—	3	5	9	8	5	11	3	2	5	—	3	4	6	5	10	25	—	—
Pulmonary Tuberculosis ..	301	3	48	73	119	43	2	22	17	38	21	16	18	22	9	15	7	21	20	12	21	16	26	—	—
Other forms of Tuberculosis ..	112	23	63	16	6	1	—	10	11	11	2	7	8	4	5	5	1	6	15	4	11	4	8	—	—
Measles ..	868	37	548	6	5	—	—	12	21	30	99	57	71	183	18	10	1	25	11	32	72	28	198	—	—
Anthrax ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hydrophobia (in man)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ..	61	2	59	3	—	—	—	10	34	17	3	4	1	—	—	1	1	—	1	1	3	1	4	—	5
Dysentery ..	4	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ..	138	—	—	—	—	—	—	9	14	11	8	10	21	20	10	2	—	4	8	3	8	4	8	—	—
Trench Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glaucoma ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lethargy ..	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Pharyngitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ..	250	16	26	36	76	36	12	14	19	28	15	18	22	16	10	20	2	9	33	8	11	6	19	—	—
Totals ..	3891	175	2069	407	416	146	27	190	355	417	229	182	212	471	112	80	20	143	182	186	243	296	572	854	—

One thousand, three hundred and seventy-one city cases of Scarlatina were notified to the authority, of which number 526 (or 38·4 per cent.) were removed to hospital. One death occurred in hospital.

Four hundred and eighty-nine persons were notified as suffering from Diphtheria. Of this number 305 (or 62·4 per cent.) were removed to hospital, 25 proving fatal.

Thirty-four cases of Typhoid Fever were notified, of which number 17 (or 50·0 per cent.) were removed to hospital, one proving fatal.

NOTE.—THE ABOVE PERCENTAGES DO NOT INCLUDE PORT CASES OR CASES ADMITTED FROM OUTLYING DISTRICTS.

BACTERIOLOGY.

The following statement shews the result of the Bacteriological examination of specimens submitted to the City Bacteriologist.

DISEASE SUSPECTED.	TOTAL SPECIMENS EXAMINED.	RESULT.		
		Positive.	Doubtful.	Negative.
Diphtheria ..	2745	787	153	1805
Tubercle ..	2026	723	—	1303
Enteric Fever	44	12	1	31
Ringworm ..	47	27	—	20
Plague (Rats)	508	—	—	508
Miscellaneous	94	43	2	49
TOTALS ..	5464	1592	156	3716

HOSPITALS.

The following tables shew the number of patients admitted into the two Infectious Diseases Hospitals, and the diseases from which they were suffering :—

City Hospital, Hedon Road.

DISEASES.	AGE AND SEX OF PATIENTS.														Total.					
	Under 1 year.		1 to 5.		5 to 15.		15 to 25.		25 to 35.		35 to 45.		45 to 55.		Above 55 years.		Males.	Females.	Total Admissions.	Deaths.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
City Cases.																				
Scarlatina—																				
Admissions ..	1	..	29	43	160	218	15	30	1	7	..	3	..	1	..	..	206	302	508	..
Deaths ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Diphtheria—																				
Admissions ..	3	2	31	30	80	110	3	26	4	7	1	4	2	2	..	..	124	181	305	..
Deaths ..	1	1	4	6	6	5	..	1	..	..	1	..	..	..	..	..	..	..	..	25
Typhoid Fever—																				
Admissions ..	..	..	1	..	3	5	2	2	1	..	1	1	..	..	..	1	8	9	17	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Cerebro-Spinal Fever—																				
Admissions ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Isolation—																				
Admissions ..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	3	3	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cases from outside Authorities.																				
Scarlatina—																				
Admissions ..	..	..	..	..	1	3	1	..	..	..	..	..	..	..	..	..	2	3	5	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria—																				
Admissions ..	..	..	..	..	2	1	1	1	..	..	..	..	..	..	..	..	3	2	5	..
Deaths ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Port Sanitary Authority.																				
Typhoid Fever—																				
Admissions ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1	..	1	..
Deaths ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Scarlatina—																				
Admissions ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria—																				
Admissions ..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	2	..	2	..	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery—																				
Admissions ..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	2	..	2	..	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Isolation—																				
Admissions ..	..	..	..	..	..	..	..	3	..	2	..	..	..	..	..	5	..	5	..	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Military and Naval Cases.																				
Scarlatina																				
Admissions ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1	..	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria—																				
Admissions ..	..	..	..	..	..	8	..	..	..	..	..	..	..	..	..	8	..	8	..	..
Deaths ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever—																				
Admissions ..	..	..	..	..	..	3	..	..	1	..	..	..	..	..	..	4	..	4	..	..
Deaths ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
																	368	500	868	30

Evan Fraser Hospital, Sutton.

AGE AND SEX OF PATIENTS.										Total.			
DISEASES.	Under 1 year.	1 to 5.	5 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	Above 55 years.	Males.	Females.	Total Admissions.	Deaths.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.					
City Cases.													
Scarlatina—													
Admissions			4	13			1		5	13	18		
Deaths													
Chicken Pox—													
Admissions				2	1	1		1	4	1	5		
Deaths													
Port Sanitary Authority.													
Malaria—													
Admissions				8	7	3	1		19		19		
Deaths													
Isolation—													
Admissions					1	1			2		2		
Deaths													
Small Pox—													
Admissions				2		1			3		3		
Deaths													
Military and Naval Cases.													
Measles—													
Admissions				17	2	1			18	2	20		
Deaths													
Mumps—													
Admissions				1		1			2		2		
Deaths													
Convalescent Cases Transferred from City Hospital.													
Scarlatina—													
Admissions	16	24	117	145	2	5			135	174	309		
Deaths													
Diphtheria—													
Admissions	2	1	6	9	1				8	11	19		
Deaths													
										196	201	397	

Only sixty-nine cases (see table) were admitted direct into this hospital. Owing, however, to the limited accommodation at the City Hospital, Hedon Road, 309 Scarlatina and 19 Diphtheria patients were transferred to the Evan Fraser Hospital to complete their convalescence.

TUBERCULOSIS.

The Tuberculosis Dispensaries in East and West Hull were opened on the 10th March, 1913, and the Sanatorium at Cottingham on the 29th June, 1916, the latter institution now being equipped with 130 beds (120 cubicles and 10 shelters).

Owing to the enlistment of Dr. M. Cohen, Tuberculosis Medical Officer in 1915, Dr. J. S. Anderson, Chief Assistant, the Asylum, took temporary charge of the Cottingham Sanatorium, whilst Dr. H. Farbstein and Dr. L. A. Baine (in private practice) were appointed to the West and East Hull dispensaries respectively. I have to record my high appreciation of their services during their period of office.

As Dr. Cohen decided, on his release from the Army, not to resume his former work, steps were taken for the appointment of a new Tuberculosis Officer, the appointment being given to Dr. J. A. Raeburn, who commenced his duties in August, 1919. He is required to devote the whole of his time to the management and working of the tuberculosis dispensaries and the tuberculosis sanatorium.

Owing to the lack of accommodation for a married man at the Sanatorium, the Health Committee have purchased two Army huts, which are being erected in the grounds and suitably fitted as a residence for Dr. Raeburn and his family. The Committee have also since appointed Dr. Stuart Laurie Smith as Assistant Resident Medical Officer.

In order to meet the pressing needs of the inmates of the Sanatorium, a large hut has been purchased for use as a recreation room for the male patients, and steps have been taken to acquire another similar building for females. The purchase of a suitable hut to accommodate ex-service men is also under consideration. This will be a valuable addition to the institution.

Suitable games have been provided for the patients, including billiards, brasses, quoits, tennis, croquet, &c., and arrangements are also being made with the education authority

for continuing the teaching of children whilst they are inmates of the Sanatorium.

The following is the Tuberculosis Medical Officer's report on the working of the Sanatorium and dispensaries :—

I beg herewith to submit my report on the work of the Tuberculosis branch of the Health Department.

As the prevention and treatment of tuberculous disease is a recent development of State medicine, and as this is the first occasion on which I have had the honour to report on that work in Hull, I beg that I may be allowed to preface the report by a few notes on the need for this work, and the methods by which it is hoped that the disease shall in time be mastered.

Everyone who takes an interest in national health problems is familiar with certain figures. Thus all know that this disease causes the death of about 60,000 persons each year in England and Wales ; also that it directly causes about 5 per cent. of all deaths. Indirectly it causes many more. Considering that this is a preventable disease, these figures are sufficiently serious, but the mere statement of the number of deaths fails to convey any idea of the tax that this disease levies on human life, health and industry. Some diseases claim their victims in infancy, others in old age. At these extremes of life people have no others depending on them. The seriousness of tuberculous disease lies in the fact that it takes its victims in the middle period of life ; that is the working period, and also the time when normally men and women are the parents of young children.

Also it must be remembered that this disease runs a long slow course, and that between the time when a person first feels unfit and death supervenes, usually several years elapse. During these years he is steadily becoming less and less able to earn, and all the conditions of poverty overtake him and his children. These are the very conditions that induce the disease, so it is obvious how difficult it is for a consumptive who depends on his earnings to either restore

his own health or for his children to avoid contracting the disease. Thus the vicious process goes on.

It is impossible to give the actual number of tuberculous patients in the country, but it is obvious that the number of deaths each year is far short of the number of sufferers. It is estimated that the deaths must be multiplied by 5 at least. This gives well over quarter of a million withdrawn from industry on account of this disease.

The disease is the result of unhealthy conditions in which people live and work, and under proper hygienic conditions there is no reason why it should not be eradicated. These causative conditions are chiefly impure air, want of sunlight, uncleanness, insufficient or unsuitable food, overcrowding and unhealthy conditions at work and debilitating illnesses. These are the conditions generally that produce bad health, and where the incidence of tuberculosis is high the incidence of other illnesses is high too. Tuberculosis thus serves as an index of the health of any community.

A healthy person can resist the disease, but when that power of resistance is insufficient he becomes what is popularly called "consumptive." It can be proved that practically everyone contracts the infection, but, fortunately, in most cases this natural resistance is sufficient to overcome the infection. This power of resistance varies in different individuals, and from time to time in the same individual. Even when the resistance fails the infection usually advances slowly, and years may elapse before it develops into active consumption. The disease advances insidiously, and is usually pretty well established before the sufferer consults his Doctor. When the Doctor is fortunate enough to discover a case in its early stage he has often difficulty in convincing the patient that there is anything wrong with him, but the success or failure of treatment largely depends on whether the discovery is made early or late. An early case usually yields to treatment readily; later, all that can be hoped for is amelioration of the condition, and advanced cases are hopeless.

Tuberculosis Dispensary System.

For combating this scourge the Tuberculosis Dispensary system has been evolved. Sir Robert Philip, of Edinburgh, started the first such Dispensary in 1887, and since then the system has been copied more or less closely by most civilised countries. Perhaps the name Dispensary is unwisely chosen, as it is associated in the popular mind with a place where cheap medical advice and treatment is dispensed. A Tuberculosis Dispensary must not be regarded as a building at all, but rather as a team of workers whose aim is that all persons suffering from the disease shall be discovered and given suitable treatment: and who endeavour to remove the conditions that cause the disease. I know no area where the system and organisation are yet complete, but Hull is ahead of most.

For discovering them there are trained observers on the outlook for suspicious cases of the disease, and most of the population must come under their eyes. Thus the Child Welfare Centres see the children under school age: the School Medical Inspectors those of school age, insured persons are sent by the Insurance Committee, and ex-service men by the War Pensions Committee. Medical practitioners and Health visitors see all ages and classes of the community, and all these observers send cases to the Dispensary for diagnosis and treatment. Coming from these sources, there is always reasonable presumption that the cases are suffering from tuberculous disease. As the work becomes better known, and more settled social conditions arrive, it is to be hoped that few cases of the disease shall escape detection. Also the hospitals refer many of their tuberculous cases to the Dispensary. Besides those sent from the above mentioned sources, many people come on their own initiative. If these have tuberculous disease they are retained, but not otherwise. It is doubtful whether the public ought to be free to come without being sent from a responsible agent, as many of the persons who thus come are under the impression that the Dispensary is a

place where free medicine and advice are given for all illnesses. It is desirable that the public should know that the Tuberculosis Dispensary is for the diagnosis and treatment of tuberculous disease alone.

Treatment.

Having decided that a case is tuberculosis in an active form, the proper treatment must be prescribed. One always undertakes this with a sense of responsibility. It demands his best care and experience. Previously, one has indicated the factors that induce the disease. The ideal treatment would be the removal of the cause in each case. This would mean that unhealthy conditions should be removed from every home, that all persons should be ensured a proper standard of living, and that workers should be protected against unhealthy conditions. It would also require that workers should be selected, and those having a poor resistance should be put to work which does not induce the disease. Such an ideal arrangement has not yet arrived, but in our treatment we strive to attain as near as we can to it.

Thus cases shewing only a slight infection remain at home. The nurse or health visitor visits the home, notes any unhygienic conditions, and endeavours to get these remedied. The Tuberculosis Officer keeps these cases under observation to note their progress and when necessary consults with the Doctor in attendance regarding treatment. The more advanced cases are treated in the Sanatorium. A Sanatorium is to be regarded as an Institution where ideal health conditions can be attained. In such a place medical treatment has the best chance of successfully overcoming the disease.

Patients admitted with the disease still in an early stage are usually discharged with it arrested. Whether it remains arrested or becomes active again depends on the care they take of themselves after discharge, and whether they can continue under healthy conditions or must return to the life that previously induced it.

Another class of cases are those with the disease too far gone for cure to be hoped for, but who are likely to improve sufficiently to enable them to return to useful work for a time. Owing to so many not consulting their Doctor till the disease has got a firm hold, this class is disappointingly large.

Advanced Cases.

Some cases from first coming under our care are so far advanced that it is hopeless to look for cure or even improvement, and all that can be done is to relieve their suffering as much as possible. It is not proper to put them amongst curable cases as the presence of a dying man is depressing to the others. If they are in crowded homes or homes where there are young children they ought to be removed to prevent them from infecting others. It is most desirable that a separate hut be provided in which such advanced and infectious cases can be accommodated.

After-Care.

This is a most important branch of the work, and in the future much more will probably be done. It has been shewn that the unhealthy conditions at home and at work are responsible for the disease. But large numbers of men and women are capable of earning their living only at such work as they have been used to. If these conditions have induced the disease before, they will in all probability do so again if the patients return to them. Thus treatment in a Sanatorium is often wasted. If, however, such patients can be permanently removed to healthy work and live under healthy conditions, there is every hope that they will remain fit. "After-Care" aims at giving those fit for it a training at such healthy work. The Ministry of Health are proposing to establish training centres in connection with Sanatoria, and have intimated that Cottingham is suitable for one of these centres where certain healthy trades could be taught. The Colony at Walkington is already doing useful work in training arrested cases in gardening, poultry and pig keeping.

There is also a boot repairing shop now started, and men are being trained at this work. The man in charge of it is an experienced tradesman. He is keeping in good health now, but if he returned to work under the old conditions he would probably soon break down. Besides training in healthy work the After-Care Committee assist patients who have been treated for the disease to find suitable situations, and give grants for extra nourishment to sustain them until full working capacity returns. Although the After-Care Committee is a voluntary organisation it ought to be regarded as an integral part of the anti-tuberculosis scheme.

In my previous experience of After-Care work the Committee had no funds at its disposal and were not able to give the effective help that the Hull After-Care Committee can give. The difference in results is striking. In London about 70 per cent. of those who have received Sanatorium treatment during the last four years are now dead. In Hull only about 25 per cent. have died in the same period. These figures are given in the report for 1919 of the Hull After-Care Committee and are inserted here by permission of the Secretary. Even allowing for the possible comment that in London Sanatorium accommodation was very insufficient and many curable cases had to be refused admission, I am convinced that the value of efficient After-Care work is more than proved.

Sanatorium—Schools.

I have stated above that tuberculosis is a disease that begins in early life, advances slowly and should be recognised and treated in the early stages. Although it does not usually become really active until early manhood or womanhood, or even later, in most cases the system becomes infected in childhood. If the period of childhood can be safely passed, it is believed that excepting under adverse conditions the natural powers of resistance will enable people to live their lives free of consumption. It is therefore most urgent that early signs of the disease should be recognised in children. Of the children

treated in the Sanatorium, almost all leave free of all signs of the disease. Many of these before admission have been excluded from school for lengthy periods, and in consequence their education is very backward. It is found that in Sanatorium not only are these children able to resume their education but that they become keen for it, and as the classes are held in the open there is none of the feeling of languor which is so often felt in ordinary schools. I am hopeful that at an early date teaching will be provided for all children resident in the Sanatorium. The time spent on treatment will thus not mean the loss of their education, and when they are discharged they will be able to continue it.

Dispensary Statistics.

During the year 699 new patients were referred to the Dispensaries for diagnosis or treatment, and were examined. When these come from medical practitioners either written reports are sent or consultations in person or by 'phone are held, so that the treatment carried out is carefully considered. In the following table these are classified according to sex and age periods :

Age.	0-10	10-20	20-30	40-60	60 & over.	
Males . .	106	72	141	51	1	371
Females . .	105	107	104	12	—	328
Total	211	179	245	63	1	699

Compared with the admissions to Sanatorium, these figures shew a much larger proportion of young persons. This is satisfactory, as it indicates that a watch is being kept for early signs of the disease. At that stage large numbers can be efficiently treated at home by tonics and hygienic measures, and removal to Institutions is not required.

Contacts.

A feature of the Dispensary system is the examination of "contacts." Tuberculosis being infectious there is always

the danger that when one member of a family has contracted it there may be other cases. The ideal procedure would be to examine all contacts, but that has not been practicable. The plan followed is for the nurses or health visitor to see the other members of the family and to send those who do not appear to be in good health for examination. One hundred and forty-eight (148) were examined in this way, and 60 cases of pulmonary disease were found amongst them, and 20 with the disease in other organs. Twenty-three (23) were doubtful and were kept under observation. The remainder were not considered to be tuberculous and were discharged.

Sanatorium Statistics for 1919.

	Males.	Females.	Total.
Patients remaining in Institution on 1st January, 1919	36	13	49
Patients admitted during the year ..	236	78	314
Total number treated	272	91	363
Number remaining in on 31st December, 1919	64	22	86

The admissions during the year are arranged according to age and sex in the following table. This table shews how the disease becomes active in early manhood and womanhood, and that cases become less numerous in the later periods of life. The much larger number of males over 20 years of age as compared with females is owing to the examination of all men who have served in the forces, and consequent discovery of cases of tuberculous disease.

The following statement shews the age periods of patients admitted for Sanatorium treatment :—

Age Periods.	0-10	10-20	20-30	30-40	40-50	50 & over.	
Males ..	14	34	73	72	35	7	235
Females ..	23	26	20	9	1	—	79
Total ..	37	60	93	81	36	7	314

During the year 242 patients left the Institution, and the following table gives their condition on discharge :

Disease quiescent	..	..	..	..	105
Improved, but not cured	..	..	..	..	96
No improvement	..	..	..	..	26
Died	..	..	..	..	15
Total	..	..	..	..	242

An endeavour will be made to keep these discharged patients under observation so that in future reports we may be able to tell of their progress.

While tuberculous disease may attack almost any organ, by far the commonest site is the lungs. Of the 314 cases admitted to Sanatorium 290 had it in the lungs, and 24 in other organs. Of the 314 cases admitted, 125 were sent from outside areas. One notices an increasing willingness on the part of Hull patients attending the Dispensary to accept treatment at Cottingham, and at the time of writing there are only 4 patients from outside areas remaining. As there is a waiting list of Hull patients requiring residential treatment, the Committee will have to decide whether we can continue to accept any more from outside areas.

Exercise.

A characteristic sign of tuberculous disease is a weakening and softening of the muscles, and in treating it one aims at restoring hardness to the muscles. Systematically graduated exercise is essential for this. Before breakfast those patients who are fit for it have simple calisthenic exercises, and in the fore part of the day do wood sawing. Unfortunately, many of these patients believe that their labour is being exploited. To prevent that idea, and at the same time ensure sufficient exercise, games are provided. The less fit play at dart-board and brasses ; the more fit heavy quoits ; and a bowling green is being made for the men and a croquet green for the women.

The average length of stay in Sanatorium in 1919 was 2 months 14 days. This is too short. Some cases in whom

cure is not to be hoped for may get as much benefit as they are likely to in that time, but when cure is aimed at a longer residence is necessary. I trust that the next report will shew an improvement in the average length of stay.

Continuation of Treatment.

Non-insured persons who cannot afford medical attendance receive medicine and treatment at the Dispensary. For such treatment the number of attendances was 8,165.

HOME VISITS OF NURSES AND HEALTH VISITOR.

It has already been stated that the home conditions have an all important bearing on the induction of the disease, and the nurses and health visitor keep the homes under observation and endeavour to remedy unhealthy conditions and customs. Overcrowding, imperfect ventilation, uncleanness, unsuitable dietetics are a few points on which much popular educating are required. The present shortage of houses hinders improvement of these conditions very greatly.

The number of such home visits made is 6,193.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

SUMMARY OF NOTIFICATIONS.

[illegible]

Public Health (Venereal Diseases) Regulations, 1916.

The principal cause of the dissemination of venereal infection is promiscuous sexual intercourse. Any action which neglects this fact, or which may even tend to increase promiscuous intercourse, is bound to fail to decrease the spread of the disease and may even lead to its increase.

The most important factor in the cure of the disease is early treatment, and any method of dealing with the disease which is likely to lead those infected to conceal their condition and to delay early treatment will, in my opinion, be a most dangerous expedient, and may easily lead to a serious increase of the disease. These two facts must always be borne in mind when considering the desirability of any method to grapple with the disease.

Several means have been suggested for a direct campaign against venereal disease, the most contentions of which is, perhaps, Prophylaxis* (commonly spoken of as "the packet system"). The Ministry of Health recently issued a Report of the Inter-Departmental Committee appointed to consider the question, and I agree with the Committee in its statement that the issue of prophylactic packets "tends to give rise to a false sense of security, and thus to encourage the taking of risks which would not be otherwise incurred," and also that "under any mechanical system which does not give absolute protection, the venereal incidence must be proportionate to the risks taken." If the introduction of such a system leads to an increase in the number of exposures, as would be practically certain to be the case, it might very easily increase the spread of the disease.

* The issue of drugs made available, *before infection*, for use of the individual.

The question of regulation† is one upon which little need be said. All systems of regulation have proved failures, and the method is hardly likely to be revived. Dr. Abraham Flexner, who has studied the whole question of prostitution in Europe and whose book is an accepted authority, tells us that "a verdict unfavourable to regulation has been found . . . not because it violates personal liberty, but because it fails; because it is at least useless in respect to order, and worse than useless in respect to venereal disease." (Flexner's *Prostitution in Europe*, 1917 edition.) The chief cause of failure appears to me to be that only known prostitutes would be registered. The clandestine type would consequently increase in number, and so would the sources of infection. To accept regulation would be to recognise this traffic as inevitable. Hence individual self-control would be diminished consequent upon the feeling that sex indulgence was provided for. It is possible that the whole subject of prostitution may be made the subject of further official inquiry, as it did not fall within the reference of the Royal Commission on Venereal Disease.

Any system of notification would, in my opinion, have doubtful results. Obviously, notification would be of no use without compulsory treatment, and the latter is a problem which bristles with difficulties. Then, again, notification would have this effect. It would deter patients from seeking treatment (whether privately or at a Centre) at the early stage of the disease when it is most important. Concealment of early cases would result, and patients would then only seek advice when compelled by pain and illness to do so, and probably in most cases, the disease will by then have reached the stage at which it has become incurable. In short, a system of notification would appear to do nothing in itself to diminish infection. Whilst the foregoing opinion is only a personal one, I realise that it may be possible for the Ministry of Health to perceive ways and means to overcome what appear to me to be insurmountable difficulties.

† The examination and registration of prostitutes.

Early preventive treatment ‡ has exercised the minds of many whose daily contact with venereal disease has opened out the subject of the importance of self-disinfection at the time of exposure to risk, as a preventive of venereal disease. If such provision has to be made either at a Treatment Centre or in public urinals, &c., at the public expense, and facilities are to be available at all hours of the day and night, the whole idea is to be condemned for the same reasons for which the "packet system" is considered to be of doubtful value. *Early, prompt and skilled treatment is the soundest factor of any scheme which aims to diminish the prevalence of these diseases.*

The facilities for treatment at the Hull Royal Infirmary are as follows :—

- (a) for *Males*.—Clinics are held on three days in the week. The duration of each clinic is 2½ hours, but the increased work necessitated an extension of the time of each clinic, so that in effect whilst only three days are allocated to males, the time spent is equivalent to four clinics.
- b) for *Females*.—One day only is set apart for the attendance of females.

The days of attendance are :—

Men—Mondays, 4.30 p.m.

Tuesdays, 4.30 p.m.

Saturdays, 2 p.m.

Women and Children—Thursdays, 4.30 p.m.

In addition to these, attendances are made at other times by patients for treatment with injections, and for urethral irrigation. The latter service was instituted in November, 1919, and an orderly is present for this purpose.

Staff—

1 Medical Officer.

1 Assistant Medical Officer.

1 Male Orderly.

1 Sister.

1 Nurse.

1 Dispenser (part time).

‡ Treatment applied by the individual immediately *after exposure* to infection

The Health Committee were called upon to augment substantially the payments made to the Infirmary Authorities for increased staff and facilities rendered necessary by the large growth in the work of the clinics.

A very unsatisfactory feature of the annual return is that so large a number should cease attendance before the completion of treatment. The fact that Hull is a port and is frequented by seamen of all nationalities is one good reason for this state of affairs. With regard to the remainder, there must be a very large number of cases in which there is every probability that the infection has not ceased, although doubtless some of those who cease attendance might have had a sufficient treatment.

Adequate facilities are provided at all the large ports for all incoming seamen, and continuity of treatment is made possible by the issue to each seaman of Form V15 which, in addition to giving the names and addresses of other treatment centres, furnishes a record of the treatment received at each centre visited.

Pathological material is examined at, and by the Medical Officer of, the Clinic, for the detection of Spirochetes, Gonococci, &c. Specimens for the Wassermann reaction are sent to the Leeds University, a laboratory approved and recognised by the Ministry of Health.

Propaganda work is carried out by the Hull Branch of the National Council for Combating Venereal Diseases, towards the expenses of which the Health Committee make a contribution.

The report of the Clinical Medical Officer (Dr. E. Harrison) which is appended hereto, furnishes statistical information of a valuable nature.

Hull,
April, 1920.

To Dr. J. Wright Mason,
Medical Officer of Health.

Sir,

I beg to submit the following report, which reviews the work carried out under my direction at the Venereal Diseases Clinic during the year 1919, and which forms the second annual statement of statistics.

Comparing the experience of 1919 with that of 1918, the increase in the number of attendances has been remarkable, and is no doubt largely due to the process of the general demobilization of H.M. Forces. For purposes of comparison, the total figures for the year 1918 are appended to those for 1919.

The progressive development of the work is shown by the subjoined statement, which indicates that in the very near future further facilities for dealing with the great increase in the attendance will have to be provided.

Attendances, $\frac{1}{4}$ year ended 31st March, 1920	..	4458
Probable total attendances for the year 1920	..	*17832
Total for year 1919	.. .. .	9733

* Probable increase of 83 per cent. over 1919.

The estimate for the year 1920 is based on the assumption that the work will remain the same during the whole of the year. The probability is that it will continue to increase and be more than double that of 1919.

Yours faithfully,

EDWARD HARRISON,
Clinical Medical Officer.

Return relating to all persons who were treated at the Clinic during the year ended 31st December, 1919:—

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal.		Total.		Grand Total.
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
Number of persons who, on the 1st January, 1919, were under treatment	79	42	10	1	54	11	—	—	143	54	197
Number of persons dealt with <i>for the first time</i> and found to be suffering from:—											
Syphilis only	418	252	—	—	—	—	—	—	418	252	670
Soft Chancre only	—	—	53	20	—	—	—	—	53	20	73
Gonorrhœa only	—	—	—	—	302	71	—	—	302	71	373
Syphilis and Soft Chancre ..	7	—	7	—	—	—	—	—	14	—	14
Syphilis and Gonorrhœa ..	—	—	—	—	—	—	—	—	—	—	—
Gonorrhœa and Soft Chancre ..	—	—	4	—	4	—	—	—	8	—	8
Syphilis, Soft Chancre and Gonorrhœa	—	—	—	—	—	—	—	—	—	—	—
Conditions other than venereal	—	—	—	—	—	—	68	56	68	56	124
Total for 1919 ..	504	294	74	21	360	82	68	56	1006	453	1459
Total for 1918 ..	220	140	39	9	186	35	59	35	504	219	723

Number of persons who ceased to attend the clinic—
 (a) before completing a course of treatment
 (b) after completion of a course of treatment, but before final tests as to cure were made
 Number of persons transferred to other Treatment Centres, after treatment
 Number of persons discharged from the Out-Patient Clinic after completion of treatment and observation
 Number of persons who, on the 1st January, 1920, were under treatment or observation ..

244	175	38	9	218	50	—	—	500	234	734
37	20	4	2	2	1	—	—	43	23	66
30	2	6	1	—	—	—	—	36	3	39
25	12	6	7	20	3	68	56	119	78	197
168	85	20	2	120	28	—	—	308	115	423

53

Total attendances of all persons at the Out-Patient Clinic for 1919*

504	294	74	21	360	82	68	56	1006	453	1459
-----	-----	----	----	-----	----	----	----	------	-----	------

Total for 1918 ..

3227	2213	368	186	2909	461	276	93	6780	2953	9733
------	------	-----	-----	------	-----	-----	----	------	------	------

Aggregate number of "in-patient" days of treatment given ..

1252	843	170	14	924	160	110	53	2456	1070	3526
90	194	—	—	—	—	—	—	90	194	284

* These figures comprise all attendances made by patients, including those made during the intervals between the days on which ordinary out-patient clinics are held, and for irrigation.

PATHOLOGICAL EXAMINATIONS.

	For detection of Spirochetes.	For detection of Gonococci.	For detection of Other Organisms.	For Wassermann reaction.
Specimens which were examined by the Medical Officer of the Treatment Centre	437	668	—	—
Specimens which were sent for examina- tion to the Leeds University.. ..	—	*11	—	1223

* Sent by private medical practitioners.

VENEREAL DISEASES.

STATEMENT OF COST OF SCHEME FOR THE YEAR 1919.

<i>Expenses of Centre—</i>				£	s	d	£	s	d
Salaries of Medical Staff	..	..	..	498	15	4			
Special attendance on days other than Clinic days	..	..	..	35	14	0			
Consultations	..	..	..	27	6	0			
Approved substitute for Salvarsan	..	..	..	599	7	11			
Drugs and Appliances	..	..	..	171	0	0			
Dispenser	..	..	..	18	15	0			
Facilities for Clinics	..	..	..	85	0	0			
				<hr/>			1435	18	3
<i>In-Patient Treatment</i>	..	..	..				78	18	0
<i>Pathological Examinations—</i>									
Clinical Medical Officer	..	..	..	156	12	6			
Leeds University	..	..	..	33	14	6			
				<hr/>			190	7	0
<i>Publicity, &c.—</i>									
Grant to Hull Branch of National Council	..	..	..	150	0	0			
Printing and Stationery	..	..	..	16	15	6			
Sundries	..	..	..	15	6	2			
				<hr/>			182	1	8
							<hr/>		
							1887	4	11
Government Grant	..	..	..				1032	15	0
							<hr/>		
							£854	9	11

FOOD INSPECTION.

The Food Inspection in the City was carried out by Mr. James McPhail, M.R.C.V.S., Chief Foods Inspector, with four assistants, whose duties include the inspection of Cattle and Fish Markets, Meat, Fish, Fruit, Cows, Cowsheds and Dairies, and of all retail shops where food was sold.

Summary of Seizures.

	Lbs.
Meat	322,428
Fruit and Vegetables	1,479,930
Fish, Game, etc.	126,340
Tinned Goods	15,131
Cheese	176
Ham and Bacon	96
Eggs	1,200
Butter	10
	<hr/> 1,945,311 <hr/>

equalling 868 tons 8 cwt. 3 qrs. 11 lbs.

The following are particulars of Agreements for destruction of condemned foodstuffs entered into by the owners and the Food Inspection Section of the Health Department, viz. :—

Meat 816 ; Fruit 327 ; Fish 325 ; Tinned Goods 297 ;
Total 1765.

Number of Seizures of Carcases affected with Tuberculosis.

Cows	238½
Heifers	25½
Oxen	20½
Pigs	39
Calves	3
Horse.. .. .	1
	<hr/> 328

Summary of Seizures of all Carcasses.

Cause of Seizure.	Beasts.	Sheep.	Pigs	Calves	Horses.
Tuberculosis ..	285	—	39	3	1
Anthrax ..	2	—	—	—	—
Decomposition	9 $\frac{3}{4}$	173	4	10	—
Jaundice ..	—	—	2	—	—
Immaturity ..	—	—	—	192	—
Asphyxia ..	1	5	4	—	—
Emaciation ..	9	37	1	1	2
Septic and other conditions ..	41 $\frac{3}{4}$	76 $\frac{1}{4}$	15	54 $\frac{1}{4}$	1
Totals ..	348 $\frac{1}{2}$	291 $\frac{1}{4}$	65	260 $\frac{1}{4}$	4

Total Carcasses seized, all causes969

Bacteriology.

Microscopical examinations were made from the blood, in all cases of "emergency slaughter" in bovine carcasses submitted for inspection, with the following results:—

Negative results 243 cases

Positive results ' 2 „

The bacillus of Anthrax was found in the two positive cases.

In addition to the above, microscopical examinations of milk, sputum, and lesions found in carcasses, were also made, the bacillus of Black Quarter being identified in one case.

Summary of Premises Inspected.

Slaughterhouses, Butchers and Provision Shops and Meat Factories	7579 Inspections.
Cowsheds and Dairies	167 do.
Fish Shops and Stalls	84 do.
Fruit Shops and Warehouses ..	4740 do.
Markets (various)	1864 do.
Pier	748 do.
Jam Works	9 do.
Food Control	271 do.
Total	15462 do.

HOUSING OF THE WORKING CLASSES ACTS, 1890-1919.

1. Number of dwelling-houses in respect of which complaints were made that they are unfit for human habitation Nil.
 (a) By householders Nil.
2. Action under Section 17 of the Housing Act, 1919 :—
 - (a) Number of dwelling-houses inspected under and for the purpose of the section .. 373
 - (b) Number of dwelling-houses which were considered to be unfit for human habitation.. 250
 - (c) Number of dwelling-houses the defects in which were remedied without the making of closing orders 20
3. Action under Section 28 of the Housing Act, 1919 Nil.
4. Number of Closing Orders made by the Local Authority Nil.
5. Number of houses demolished in pursuance of Demolition Orders 5
6. Number of dwelling-houses demolished voluntarily Nil.
7. Obstructive Buildings :—
 - (a) Number of representations made .. Nil.

Any action taken under the Housing Acts which involves structural alteration or demolition of an unfit dwelling-house which is occupied, has been temporarily deferred, owing to

the present difficulty in obtaining housing accommodation suitable for the displaced occupants.

A survey of unoccupied houses and buildings in the City, was made with the view of ascertaining whether by conversion they could be made into flats suitable for the Working Classes. The City Architect and myself examined some of the unoccupied houses, &c., and we were of opinion that they could not, with advantage, be converted into flats or Working Class tenements, having regard to the information contained in the Manual recently issued by the Ministry of Health.

A survey of the Housing needs of the City was made during the year, when eight areas, comprising about 2,348 houses in several parts of the City, were inspected regarding their fitness for human habitation; such areas may subsequently have to be dealt with as Unhealthy Areas.

An area comprising 230 houses and known as the New George Street Area was represented to the Local Authority during the year 1914 as an Unhealthy Area, but owing to the war an improvement scheme was not proceeded with. During the year an extended area comprising 564 houses and adjoining the New George Street Area was inspected and certified to the Local Authority as an Unhealthy Area.

The two Unhealthy Areas now represented comprise 794 houses with a population of 2,964 persons and are about 19.83 acres in extent. Plans are in course of preparation for an Improvement Scheme by the Authority for the re-grouping of the streets and rebuilding of houses, &c., in order to house the population as far as possible on the site.

New Houses.

Land suitable for building purposes has been secured on the outskirts of the City in the West, North and East, for the proposed erection of self contained houses, not exceeding twelve to the acre, and of the several types recommended by

the Ministry of Health as suitable for the Working Classes. It is estimated that some six or seven thousand houses are required to be erected to make up the deficiency of the last few years.

Plans for the layout of the streets and of types of houses proposed to be erected on some of the sites, have been sanctioned by the Ministry of Health and it is hoped that at an early date the erection of such houses will be proceeded with, and will so remove the present shortage of house accommodation in the City.

MATERNITY AND CHILD WELFARE.

(SECTION A.)

SYNOPSIS OF THE WORK CARRIED OUT UNDER AN EXTENDED SCHEME.

The Maternity and Child Welfare Act, 1918, gave power to local authorities to make such arrangements as may be sanctioned by the Local Government Board for attending to the health of expectant mothers and nursing mothers, and of children who have not attained the age of *five years*, and directed every Council in England and Wales to establish a Maternity and Child Welfare Committee whose sole function was to deal with the matter in question.

A special Committee was constituted by the City Council at their meeting on the 9th November, 1918, and the members of the Health Committee together with 7 co-opted members formed the Maternity and Child Welfare Committee, which appointed two Sub-Committees—the Institutions Sub-Committee and the General Purposes Sub-Committee.

The year 1919 thus formed the first complete period of the Committee's activities. It will be found that real progress has since been made with respect to further provision for the health of mothers and of young children.

MIDWIVES ACTS, 1902 AND 1918.

MIDWIFERY SERVICE.

At the close of 1919, there were 53 women in Hull qualified under the Midwives Act, 1902, to attend confinements. Thirty-one of this number were hospital trained midwives, and the remainder—22—were “bona-fide” midwives.

In existing conditions, the midwife is a necessary part of any organisation for the care of women in child-birth. Many such women would rather be in the hands of a midwife than a

medical practitioner. Apart from the fact that a midwife's fee is less than a doctor's, they prefer a woman attendant on personal grounds, while, in addition to the actual delivery, the midwife undertakes the nursing and care of the patient for ten days after the confinement. At the present time the services of midwives are more than usually in demand on account of the shortage of doctors, but even before the War it was noticed that medical practitioners, especially those engaged in busy practice, were becoming less anxious to attend normal cases of midwifery, and were satisfied that such cases should be attended by midwives.

The midwife seems likely to become a more important factor in the medical and nursing service. The effective inspection of midwives is, therefore, one of the most important means of securing and maintaining a good standard of efficiency.

STILL BIRTHS.

The number of still births notified by midwives was 185. In no case does a midwife give a certificate of still birth unless she is present at the time of the birth. If the birth should take place before her arrival, she must report the matter to the Coroner, who, upon inquiry, grants a certificate for the burial of the body.

Still births are the subject of special investigation by the Inspector of Midwives.

Under the Notification of Births (Extension) Act, 1915, this notification is now compulsory throughout the Country.

ANTE-NATAL WORK.

Two thousand two hundred and seventy one visits were made to the homes of expectant mothers to encourage them to attend one of the Maternity Centres and to carry out the advice given.

MEDICAL ASSISTANCE.

Under the Act of 1918, midwives are obliged to call in, in any emergency, a registered medical practitioner, and the

supervising authority is required in such cases to pay the practitioner's fee according to the scale fixed by the Local Government Board.

The Board fixed the following scale for this purpose :—

(1) Attendance at confinement requiring operative assistance and subsequent necessary visits during the first 10 days	£	s	d
	2	2	0
(2) Attendance at confinement without operative assistance and subsequent necessary visits during the first 10 days	1	1	0
(3) Assistance for the administration of an anæsthetic	1	1	0
(4) Any visit not covered by (1), (2) and (3), including any necessary prescription :—			
Day (8 a.m. to 8 p.m.)	0	3	6
Night (8 p.m. to 8 a.m.)	0	7	6
with the addition of the mileage fee usual in the district.			

By sub-section (4) of Section 14, the local supervising authority are empowered to recover the fee from the patient or her husband or other person liable to maintain her, either summarily or otherwise as a civil debt, unless it is shown to their satisfaction that the patient or her husband or such other person is unable by reason of poverty to pay such fee.

The Committee decided to recover from the persons named above, the fees paid to medical practitioners in respect of their attendance at cases at the call of a midwife, except those cases in which the family income falls within the scale adopted by the Committee (see p. 81).

The following Table gives the details of the complications for which medical assistance was required in cases where the Committee in the first place paid the doctor's fees :—

Operative assistance	158
Administration of an anæsthetic	2
Suturing perineum	54
Carried forward	214

	Brought forward	..	214
Abortion and miscarriage .. .. .	..	..	22
Adherent or retained placenta .. .. .	..	..	23
Hæmorrhage, ante-partum .. .. .	..	..	9
Do, post-partum .. .. .	..	..	11
Do, .. .. .	..	..	4
Sæpræmia .. .. .	..	..	5
High Temperature .. .. .	..	..	7
Prolonged or delayed labour .. .. .	..	..	4
Curettage .. .. .	..	..	7
Puerperal Fever .. .. .	..	..	5
Convulsions .. .. .	..	..	10
Ophthalmia Neonatorum .. .. .	..	..	7
Cardiac Disease .. .. .	..	..	3
Premature birth .. .. .	..	..	8
Edema .. .. .	..	..	3
Phlebitis .. .. .	..	..	4
Fever (non-septic) .. .. .	..	..	3
Influenza .. .. .	..	..	7
Bronchitis .. .. .	..	..	6
Pneumonia .. .. .	..	..	5
Retained membranes .. .. .	..	..	3
Spina bifida .. .. .	..	..	3
Transverse presentation .. .. .	..	..	3
Pemphigus .. .. .	..	..	2
Impetigo .. .. .	..	..	2
Eclampsia .. .. .	..	..	3
Circumcision of child .. .. .	..	..	2
Phlegmasia alba dolens .. .. .	..	..	2
Venereal Disease .. .. .	..	..	4
Prolonged, 2nd stage .. .. .	..	..	5
Pyrexia .. .. .	..	..	5
Meningocele .. .. .	..	..	2
Other cases variously specified .. .. .	..	..	85

488

SIX HUNDRED AND FORTY FORMS OF SENDING FOR MEDICAL HELP WERE ISSUED BY MIDWIVES. THE FEE IN 488 CASES WAS PAID BY THE CORPORATION, THE REMAINDER BEING PAID DIRECT TO THE DOCTORS BY THE PATIENTS.

Number of cases in which the authority recovered (a) the whole and (b) a part of the doctor's fee :—

					Total amounts recovered.		
					£	s	d
Whole Fees	..	..	..	136	..	125	13 0
Part Fees	..	..	..	32	..	50	3 9
						£175	16 9

Cases in which persons have established a claim for relief from payment by reason of poverty					Amount represented.		
	..	..	..	70	..	£80	2 0

With regard to the remainder of the cases for the year, it was found that the practising midwives had generally represented to the persons responsible for payment of the fees that no charge would fall on them, but that the fees of the Doctor would be paid by the Corporation. In view of these circumstances, the Committee gave instructions that no further action be taken to recover fees in any case in which the services of a medical practitioner are rendered before the 1st February 1920.

OPHTHALMIA NEONATORUM.

Cases of Ophthalmia Neonatorum occurring in a midwife's practice and notified to the Health Authority are carefully investigated. One hundred and four of such cases were notified and dealt with, and 286 visits were paid.

For purposes of notification, the expression Ophthalmia Neonatorum means a purulent discharge from the eyes of an infant, commencing within 21 days from the date of the birth.

The midwife is certainly the most likely person to learn of any suspicion of Gonorrhœa, and I believe she realises the importance of action being taken to prevent its consequences. She advises her patient to seek medical treatment, and makes

known the facilities offered by the Venereal Diseases scheme for free treatment. By the use of very great tact, the midwife may be the means of rendering help to the mother and father by suggesting treatment at a Venereal Disease Centre.

Provisional arrangements for the treatment of cases of Ophthalmia Neonatorum were made with the Committee of the American Red Cross Infant Welfare Centre (Clarendon House, Clarendon Street), who obtained and set apart two beds for the purpose.

The demands on the accommodation at the Centre proved such that the beds reserved for these cases were not used, and the Committee of Management rather favoured other arrangements being made elsewhere.

For a time, therefore, cases were referred to the Victoria Children's Hospital for out-patient treatment (none required in-patient treatment), and the remainder, with the exception of 4 of true gonorrhoeal origin which were treated at the Hull Royal Infirmary, were in the hands of private medical practitioners.

The number of cases referred by the Health Department to the Children's Hospital is small, but represents all those cases in which no medical treatment was being given at the time of investigation of the case.

Ophthalmia Neonatorum is apt to destroy sight, but the comparative absence of cases terminating thus, leads one to believe that the majority notified are of a mild type, or only cases of the disease in a limited sense.

The Maternity and Child Welfare Committee continued to avail themselves of the greater facilities provided at the Victoria Children's Hospital, and the Ministry of Health approved the arrangement. The previous arrangement with the American Red Cross Infant Welfare Centre was, therefore, cancelled.

PUERPERAL FEVER.

Puerperal Fever is scheduled amongst the notifiable infectious diseases. In all cases of rise of temperature above 100·4 F. maintained for more than 24 hours, the midwife is required to send for medical help under the Rules of the Central Midwives Board, notwithstanding that the condition may be an ephemeral one unconnected with Puerperal Fever.

The number of cases notified to the Medical Officer of Health was 7, four of which occurred in the practice of trained midwives, and three were under medical supervision.

Patients actually suffering from puerperal infection should be removed to hospital, but no such accommodation is yet available in Hull for reasons which must be obvious. A four-bed ward, however, is to be provided in the new isolation hospital to be erected at Cottingham.

Since the operation of the Midwives Act, 1902, there has been a steady reduction in the maternal death-rate from puerperal fever.

The following table shows the annual rate of mortality per 1,000 of the total births since the year 1914 :—

Year.	Total Number of Births in the City.	Total No. of		Death rate per 1,000 births.
		Cases.	Deaths.	
1914	7,902	31	17	2·15
1915	7,230	19	14	1·93
1916	6,712	12	6	0·88
1917	5,252	8	6	1·14
1918	5,350	10	7	1·30
1919	5,664	7	6	1·06

Every precaution is taken to prevent the disease being conveyed to other women, and it is gratifying to know that much greater care is now taken by midwives in cleansing themselves and their clothing and appliances.

ROUTINE VISITS TO MIDWIVES.

Rule 25 (E) laid down by the Central Midwives' Board states as follows :—

“ THE LOCAL SUPERVISING AUTHORITY SHALL MAKE ARRANGEMENTS TO SECURE A PROPER INSPECTION OF THE REGISTER OF CASES, BAG OF APPLIANCES, &C., OF EVERY MIDWIFE PRACTISING IN THE DISTRICT OF SUCH AUTHORITY, AND, WHEN THOUGHT NECESSARY, AN INSPECTION OF HER PLACE OF RESIDENCE, AND AN INVESTIGATION OF HER MODE OF PRACTICE. . . . ”

In accordance with this rule, 2,059 visits were paid, and a generally satisfactory condition is to be reported. The general condition of the homes of midwives has shown marked improvement, as has also their personal cleanliness.

The Notification of Births Act, which renders it obligatory on the part of the medical attendant or midwife, as well as the father of the child, to notify the occurrence of the birth, has been a very valuable aid to the working of the Midwives Acts.

During the year the following additions to the fourth edition of the Rules of the Central Midwives Board were made :—

Additional Rule E. 12a.

A MIDWIFE MUST FORTHWITH NOTIFY THE LOCAL SUPERVISING AUTHORITY OF EACH CASE IN WHICH IT IS PROPOSED TO SUBSTITUTE ARTIFICIAL FEEDING FOR BREAST FEEDING. (SEE RULES E. 22 (1) (F) AND 23, FORM (F).

(The midwife endeavours to promote breast feeding, and when breast feeding cannot apparently be continued, urges medical advice. When she ceases attendance, she advises the patient to avail herself of such help as is provided at the Clinics).

Addition to Rule E. 22 (1).

(Additional reason for the use of a compulsory prescribed form).

(F) ARTIFICIAL FEEDING.—WHENEVER IT IS PROPOSED TO SUBSTITUTE ARTIFICIAL FEEDING FOR BREAST FEEDING (RULES E. 12A AND E 23. FORM (F)).

Additional Rules F. 3 and F. 4.

F. 3.—IN THE EXERCISE OF THE POWERS CONFERRED ON IT BY SECTION 6 (1) (A) OF THE MIDWIVES ACT, 1918. the BOARD MAY—

(A) SUSPEND FROM PRACTICE FOR SUCH PERIOD AS IT THINKS FIT IN LIEU OF REMOVING HER NAME FROM THE ROLL ANY MIDWIFE WHO, AFTER INVESTIGATION BY THE BOARD IN MANNER PRESCRIBED BY SECTION D OF THE RULES OF THE BOARD, HAS BEEN FOUND GUILTY OF DISOBEYING THE RULES, OR OF OTHER MISCONDUCT ;

(B) SUSPEND FROM PRACTICE UNTIL THE CASE HAS BEEN DECIDED BY THE BOARD, AND, IN THE CASE OF AN APPEAL, UNTIL THE APPEAL HAS BEEN DECIDED BY THE HIGH COURT, ANY MIDWIFE WHOSE CONDUCT IS UNDER INVESTIGATION BY THE BOARD ON A CHARGE OF DISOBEYING THE RULES, OR OF OTHER MISCONDUCT.

F. 4.—IN THE EXERCISE OF THE POWERS CONFERRED ON IT BY SECTION 6 (1) (B) OF THE MIDWIVES ACT, 1918. THE LOCAL SUPERVISING AUTHORITY MAY SUSPEND FROM PRACTICE UNTIL THE CASE HAS BEEN DECIDED :—

(a) A MIDWIFE AGAINST WHOM IT HAS TAKEN PROCEEDINGS BEFORE A COURT OF JUSTICE.

(B) A MIDWIFE AGAINST WHOM IT HAS REPORTED A CASE FOR CONSIDERATION BY THE CENTRAL MIDWIVES BOARD.

THE LOCAL SUPERVISING AUTHORITY SHALL IN EACH CASE COMMUNICATE THEIR DECISION IN WRITING TO THE MIDWIFE CONCERNED, AND FORTHWITH REPORT THE SUSPENSION (WITH THE GROUNDS THEREOF) TO THE CENTRAL MIDWIVES BOARD.

NOTIFICATION OF DEATHS.

24 deaths (1 mother and 23 Infants) occurred in the practice of midwives before a registered medical practitioner was in attendance. (Rule 23 (b)).

(SECTION B.)

HEALTH VISITORS.

There are 11 Health Visitors on the Staff of the Health Department.

Their work falls under the following headings :—

(a) Home visitation under Notification of Births Act :—

Attention to the health and feeding of infants and young children under 5 years of age, and to the general condition of the home ; observation of sanitary defects in the house, yard, &c.

(b) Investigation of cases of Infantile Diarrhœa*, Whooping Cough, Poliomyelitis, Cerebro-Spinal Fever, Ophthalmia Neonatorum and Puerperal Fever ;

(c) Work at Maternity and Infant Welfare Clinics, involving :—

(1) the weighing and recording health conditions of infants under the supervision of the clinic doctor, who advises treatment when required ;

(2) the distribution at cost price and in necessitous cases free, of prepared milk, virol and malt extract to those mothers for whose infants it is prescribed ;

(3) dealing with applications for :—

(i.) the services of a free midwife ;

(ii.) admission to the Maternity Home ; and

(iii.) a free supply of milk, virol and malt extract.

(4) the distribution of leaflets, &c., having particular bearing on the work.

* This work is fairly arduous in times of epidemics.

HOME VISITATION.

The aim of the Notification of Births Act is to bring trained assistance in the nurture of newly-born infants within the reach of those who need it. The Act came into force in Hull in 1908, and for a time, between 70 and 80 per cent. of the births were notified to the Health Department. For many reasons it became obvious that amongst the remaining 20 or 30 per cent. of cases not notified, there might be many of the type which the Department really desired some knowledge of.

For this reason then, arrangements were made in 1917 with the local registrars for weekly returns to be made of births registered but not notified. The Department now has knowledge of all births that occur in the City, the information supplied on the notification card forming the first step towards administrative action.

BIRTHS.

REGISTERED—

(1) Legitimate 5,303 (2) Illegitimate. 361 (3) Total 5,664.

NOTIFIED—

(1) By Midwives, 4531. (2) By parents and Doctors, 513.

(3) By Registrars, 620. (4) Total 5664.

The number of first visits paid to infants was 5,068 : re-visits numbered 15,357, making a total of 20,425.

Full and complete records of each child visited are kept until it reaches school age, when such records are handed over to the Education Department for use by their School Medical Officer. One batch of records was handed over during the year.

Any minor sanitary defects observed by the Health Visitor during her visit, are made the subject of a brief report, particulars of which are handed to the District Sanitary Inspector for his attention.

INFECTIOUS DISEASES.

Cases of Whooping Cough necessitated 37 visits of enquiry, and Diarrhoea 63. Eight visits of inspection were paid

to a common lodging house for women, the management of which is in the hands of the National Council of Women. Sundry other visits and re-visits totalled 5,986.

Before completing her investigation of all cases of infectious disease, the Health Visitor issues a printed slip authorising a member of the household to procure from the Health Department a gratuitous supply of disinfectant. The offer is invariably accepted.

(SECTION C.)

SCHOOLS FOR MOTHERS AND INFANT CLINICS

form important units of the scheme. Each of the four Centres in the City was established by voluntary effort. The success which attended the work at the East Hull and Kingston Square Centres was such as to fully justify the Corporation annexing both under their preliminary scheme, the former on the 1st December, 1915, and the latter on the 1st April, 1918. To speak thus of two Centres does not imply that the attendance at the West Hull and Clarendon House Centres is not sufficiently good to warrant their being taken over by the Corporation. Not until quite recently has any such proposal been mooted by the Voluntary Committees concerned. The Maternity and Child Welfare Committee are at present giving consideration to various matters connected with the management of these two Centres, but negotiations have not as yet reached a stage when anything definite can be said.

Clinics are not intended to be out-patient departments. Their real object is the prevention of illness by keeping in touch with mothers and babies in order that they shall be kept healthy. Incidentally, minor ailments which examination brings to light can be dealt with. If mothers or infants are really ill, the hospitals are the proper places for them, either as in-patients or out-patients. Hospital recommendations are issued to such as require them. Alternatively, mothers or infants should be attended at their homes.

The present system of adapting old properties as Centres is likely to prove but a poor substitute for what is required. Old premises have certainly served the need temporarily, and can be utilised until a more favourable period arrives for the erection of well arranged buildings.

The work at the East Hull Centre, for instance, is conducted under great disadvantages, as the accommodation in the present building is totally inadequate for the number of people who attend. Innumerable enquiries have been made for more suitable premises in the neighbourhood, but without avail.

The West Hull Clinic, undoubtedly the most popular in the City, has recently been removed into a new building, but will soon need still further extension.

At the Kingston Square Centre, the attendance is growing. Alterations have recently been carried out which will give much more suitable accommodation.

A fair attendance is maintained at the Clarendon House Clinic. The accommodation here provided is such that no immediate need exists at present for further extension.

A lady Medical Officer is appointed to each Clinic. She holds ante-natal and infant consultations twice weekly. The Centres are open on a third afternoon in the week for the work of weighing babies and for other matters which can be attended to by the Health Visitors, so as to obviate a further call upon the services of the Medical Officers.

Prepared milk is sold to those mothers for whose infants it is prescribed, and a free supply is given in necessitous cases on the recommendation of the Medical Officer. Virol and Malt Extract are also supplied.

Dinners are provided for necessitous expectant and nursing mothers at all four Centres, the cost at two Centres (East Hull and Kingston Square) being defrayed by the Corporation. The cost to the mothers is 2d. per day.

Individual oral instruction is also given to mothers on the rearing of their children.



Infant Consultation—Medical Officer and Health Visitors in attendance.



Kingston Square Centre — Weighing of Infants.

The services of a free midwife are granted after the cases have been thoroughly investigated by the Health Visitor, and only to those persons whose weekly income comes within a certain fixed scale. All applications are dealt with at the Clinic.

Applications for admission to the Maternity Home are also made at, and recommended by the Medical Officer of, the Clinic.

The popularity of the infant consultations steadily increases. On the whole, the type of case brought to the Centres shows what a real need such Centres have supplied. Errors in feeding can account to a surprising extent for a great waste of infant life, and mothers are most grateful for advice on such matters. By the careful supervision exercised by the Health Visitors, together with the added interest taken by the mother in her child, cases often progress satisfactorily.

Those cases requiring special treatment are referred to their own private doctor, or to a hospital. It is left to the mother to make her own choice in the matter if there is no family doctor.

In no sense are the Clinics to be regarded as *treatment* centres; their main purpose is *preventive*, the object being to avert illness by guidance and advice.

The following is an epitome of the work of the Centres during the year 1919 :—

East Hull Clinic and School for Mothers.

Clinics held on Wednesdays and Fridays at 2.15 p.m.

Medical Officer, Ethel M. Townend, M.D., B.S.

No. of dinners served	21607
-----------------------	----	----	----	----	-------

Total attendances of children	2176
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Do.	mothers	239
-----	---------	----	----	-----

Do.	expectant mothers	..	267
-----	-------------------	----	-----

2 Health Visitors are attached to the Centre, the time thus occupied being 705 hours.

West Hull Clinic and School for Mothers.

Clinics held on Mondays at 2.30 p.m. and on Thursdays at 4 p.m.

Medical Officer, Ada Jackson, M.B., Ch.B.

No. of dinners served	7477
Total attendanees of children	9696
Do. mothers	609
Do. expectant mothers	351

3 Health Visitors are attached to the Centre, at which they have collectively spent 1,319 hours.

The greater number of the mothers are of the kind really anxious to make use of the advice and facilities provided to assist them to rear healthy children. The average attendance of children per session was 96.

Kingston Square Clinic and School for Mothers.

Clinics held on Wednesdays and Fridays at 2.30 p.m.

Medical Officer, Ada Jackson, M.B., Ch.B.

No. of dinners served	14386
Total attendance of children	1109
Do. mothers	168
Do. expectant mothers	178

2 Health Visitors attend the Clinic, and have spent 730 hours thereat.

Clarendon House Clinic and Restaurant.

(Opened 1st March, 1919.)

(American Red Cross Infant Welfare Centre.)

Clinics held on Wednesdays and Fridays at 2.30 p.m.

Medical Officer, Bertha Hinde, M.B., B.S.

No. of dinners served	2160
Total attendance of children	1358
Do. mothers	331
Do. expectant mothers	55

2 Health Visitors are present at the Clinic. The time spent by them amounts to 604 hours.

Total number of dinners served	45,630
Total attendances at all Clinics	17,057



East Hull School for Mothers Dinners for necessitous women.



West Huff School for Mothers.

Cases recommended to seek further medical advice
at the —

Hull Royal Infirmary	40
Victoria Children's Hospital	361
Orthopaedic Hospital	24
Hull and Sculcoates Dispensaries	57
Tuberculosis Dispensaries	5
	<hr/> 487

Centre.	No. of applications for		
	Free Midwife.	Admission to Maternity Home.	Total.
EAST HULL	116	112	228
WEST HULL	150	25	175
KINGSTON SQUARE	76	33	109
CLARENDON HOUSE	19	15	34
	<hr/> 361	<hr/> 185	<hr/> 546

ARTIFICIAL FEEDING OF INFANTS.

The adoption of artificial feeding is traceable to three causes :—

- (1) The desire of some mothers to shirk their natural task.
- (2) A genuine disability to perform the natural function.
- (3) Insufficient quantity or inferior quality of milk secreted ; lassitude, pain, and a general feeling of discomfort during the period of lactation.

The third class desire nothing more keenly than to fulfil their natural responsibility to their offspring. Help and guidance in the matter of infant feeding are increasingly sought at the Clinics.

MILK AND OTHER FOOD DISTRIBUTION

thus forms a very necessary adjunct to the Clinics.

In the year 1916, the makers of "Cow and Gate" Milk supplied each of the Clinics with coupons to enable expectant and nursing mothers to obtain supplies of their dried milk from local chemists at reduced prices. About July, 1917, the chemists would no longer supply this food at a reduced price, and consequently the coupon system was withdrawn by the makers of the food. Many mothers were then unable, by reason of the retail price of the food, to continue to feed their infants as they had been doing.

Fully realising the loss of infant life directly traceable to artificial feeding in its various forms, and the fact that between 70 and 80 per cent. of the infants who die before attaining one year of age are bottle-fed, the Health Committee authorised the Medical Officer of Health to use his discretion in the supply of the food.

An arrangement was made direct with the makers under which supplies of their "Cow and Gate" Milk were delivered at the Centres and sold at cost price or under cost price to persons who, after investigation of their circumstances, were proved to be necessitous and in need of such food for the nourishment of an infant.

During the year the Department purchased 21,729 lbs of dried milk (13,592 lbs of Full Cream, and 8,137 lbs of half Cream, equivalent to 17,655 gallons of cows' milk), 5,096 lbs of Virol and 7,776 lbs of Malt Extract for distribution at the Clinics. For a time, no charge was made for the Virol and Malt Extract, but the Committee later fixed 6d. per half lb. as the price to be charged. The charge for dried milk is 2/- per lb. In the case of all three preparations, the purchaser effects a considerable saving by obtaining supplies through one of the Clinics.*

*Since the close of the year, a Central Distribution Depot has been opened at No. 14, Hanover Square, and the Clinics have been relieved of this work.

To prevent the risk of encouraging a spirit of bargain hunting in the minds of the mothers which would prompt them to attend the Centres with a view of securing material benefits rather than obtaining advice about their infants, dried milk, virol, and malt extract are supplied only when prescribed by the Medical Officer and in such quantities as are sufficient to last a week.

The sales of dried milk and other preparations were as follows :—

	East Hull.			West Hull.			Kingston Square.			Clarendon House.			Total.		
1919	£	s	d	£	s	d	£	s	d	£	s	d	£	s	d
JANUARY ..	30	10	0	81	10	6	26	3	6	—			138	4	0
FEBRUARY ..	26	11	0	73	7	0	23	3	6	—			123	1	6
MARCH ..	27	15	0	74	12	6	12	16	6	—			115	4	0
APRIL	35	9	6	106	1	10	29	12	2	4	2	6	175	6	0
MAY	35	16	10	75	19	10	36	6	0	14	13	4	162	16	0
JUNE	21	10	10	69	11	6	29	19	6	11	11	0	132	12	10
JULY	30	19	8	86	2	10	37	18	4	25	2	4	180	3	2
AUGUST ..	24	10	10	66	11	10	30	11	4	21	12	10	143	6	10
SEPTEMBER ..	27	10	10	60	13	6	33	19	2	19	10	10	141	14	4
OCTOBER ..	23	4	0	67	0	0	24	10	0	21	8	0	136	2	0
NOVEMBER ..	25	7	0	55	16	6	25	10	0	17	7	0	124	0	6
DECEMBER ..	30	12	3	78	2	6	31	7	3	28	18	6	169	0	6
	£ 339	17	9	895	10	4	341	17	3	164	6	4	1741	11	8

SERVICES OF A FREE MIDWIFE.

Clause 10 of the original scheme adopted in 1915 stated :—

“ In cases where the Clinical Medical Officer of the District has reason to believe that, owing to poverty, the expectant mothers will not have skilled and prompt

attendance during confinement at home, she be authorised to make such arrangements for the attendance of a midwife or such medical attendance as the case may require. . . ."

In December, 1916, the Hon. Secretary of the Hull Midwives' Association wrote to the Health Committee drawing attention to the difficulties experienced by midwives when called in by women *after* labour has commenced, and the Committee decided that, in the event of a midwife being called in *in an emergency*, to attend a patient who is too poor to pay for the services of a midwife, the Committee will, on their Medical Officer of Health being satisfied on the matter, pay a fee of 18s.* for the attendance at confinement and the following ten days in first cases, and 15s.* in other cases.

The fees for such cases paid by the Department during the year amounted to £331 19 0, and represented

£119 2 0 for cases of primipara, and

£212 17 0 for cases of multipara.

In July, 1919, the Maternity and Child Welfare Committee considered the question of the procedure to be adopted in the case of applications for a free midwife, and decided as follows :—

(1) Every woman desiring a free midwife shall attend a Clinic for the purpose of making her application.

(2) The Health Visitor shall make an investigation of the financial, &c., circumstances of the applicant's family at home.

(3) The applications shall be laid before the Committee for decision.

(4) The applications shall be sent to the Medical Officer of the Clinic bearing a note of the Committee's decision.

(5) The woman shall attend the Clinic to be informed by the Medical Officer of the Clinic of the decision of the

* Since increased to 21/- and 18/- respectively.

Committee, and, if necessary, for any instructions in regard thereto the Medical Officer has to make.

361 applications were made for this service.

Free midwives are only granted after the cases have been thoroughly investigated, and only to those persons coming within the following scale of weekly income of family :—

1 man.	1 woman.	..	..	20	after excluding rent and insurance.
1	..	1	..	1 child	.. 22/6 do.
1	..	1	..	2 children	26/5 do.
1	..	1	..	3 do.	30/4 do.
1	..	1	..	4 do.	34/3 do.
1	..	1	..	5 do.	38/2 do.
1	..	1	..	6 do.	42/1 do.
1	..	1	..	7 do.	46/- do.
1	..	1	..	8 do.	50/- do.

The operation of the scale prevents abuse of the service by persons of sufficient means who are able to make their own arrangements for a confinement.

In cases with which there are special circumstances connected, they are reported to the Committee for decision before such cases are dealt with.

The question of granting a free midwife in cases where maternity benefit or benefits are due, has been deferred.

185 APPLICATIONS FOR ADMISSION TO THE MATERNITY HOME

were dealt with through the Clinics.

HOME NURSING SERVICE.

By arrangement with the Hull Jubilee District Nursing Association, the Health Department has a call on the services of the Association's nurses for home nursing whenever the need for utilizing them occurs.

The necessity for this provision arises from the mortality and disablement resulting from such diseases as Measles,

Other infectious diseases covered by the arrangement are—Whooping Cough, Poliomyelitis, Epidemic Diarrhœa, Ophthalmia Neonatorum and Puerperal Fever.

518 daily visits were paid by the nurses. The smallness of this number is accounted for by the fact that for the whole period under review, cases of Measles, which form a large proportion of the cases requiring home nursing, were investigated by the male inspectorial staff of the Health Department. Since the 1st January, 1920, measles work has been transferred to the Health Visitors.

The annual contribution to the Nursing Association is £100.

CO-OPERATION WITH OTHER BRANCHES OF THE HEALTH SERVICE.

Cases of Venereal Disease occurring in the practice of a midwife, and those discovered by the Health Visitors and Clinic Medical Officers are advised to seek advice and treatment at the Venereal Diseases Clinic held at the Hull Royal Infirmary.

Ailing and delicate children, suspected to be Tubercular, are referred to one of the Municipal Tuberculosis Dispensaries.

INFANT WELFARE EXHIBITION.

A small Exhibition was held at the Museum from the 22nd to the 29th October, 1919.

The Proprietors of Glaxo sent their exhibits and filled the large room with ingenious models illustrating correct and incorrect methods of feeding, clothing, washing and dealing with children and their health generally, from all points of view. Much interest was displayed in this cleverly arranged Exhibit.

The attendance at the opening and during the week, whilst not large, was fairly satisfactory. Two thousand of the older girls from the elementary schools attended, accompanied by their teachers, in batches of 50.

A syllabus of lectures was arranged.

The suggestion made at the opening of the Exhibition that future demonstrations be held nearer the homes of those persons whom it is intended to attract, is a good one. Small Exhibitions given periodically on these lines would, by the aid of announcements made at the Clinics, be guaranteed a fairly good attendance, and serve a really good purpose.

The sum of £1 15s. 2d. realised by the Glaxo Co. in their sale to visitors of paper patterns of children's garments, was handed to the Midwives Inspector to be distributed at the Schools for Mothers as she thought fit.

(SECTION D.)

MATERNITY HOME.

An essential feature of a maternity and child welfare scheme is the Maternity Home.

The Home situated at Nos. 567-569, Holderness Road comprises 14 beds, the addition, in 1918, of the premises No. 567, having increased the number from six. The staff consists of a part-time Medical Officer, a Matron, three nurses and two maids.

Broadly speaking, two classes of patients are admitted : —

(1) Patients showing some abnormality either during pregnancy or at the time of labour which calls for special medical treatment and skilled nursing.

(2) Patients whose domestic conditions are unfavourable for confinement in their own homes, even where a normal labour may be expected.

During the early part of the year, only patients whose income was below a certain limit were eligible for admission, but during the later months, consequent upon the falling off in the number of admissions making it difficult to provide the necessary cases for the pupil midwives who form the nursing staff, the Clinic Medical Officers were asked to recommend normal cases for admission.

An increasing number of women desire to be confined away from their homes because of the lack of facilities for lying

in at home. The desire has been made more urgent by housing difficulties. Many married women now live in lodgings, or in partial occupation of houses, or as lodgers with a family, and it is then almost impossible for them to obtain proper accommodation and reasonable privacy.

Payment is made on the basis of a scale fixed by the Committee, the substance of which is that those whose income comes within the scale are admitted and maintained free. For incomes outside the scale, one-twelfth of the cost of maintenance is charged for each complete 2s. 6d. a week over the amount stated in the particular item of the scale.

Before a case is admitted into the Home, the husband or other person liable for the patient's maintenance, signs an agreement to pay the amount payable by him under the scale within seven days of the patient leaving the Home.

In cases where two maternity benefits are receivable, one maternity benefit is paid as representing the full cost of maintenance for one week, and the scale then operates for the remainder of the patient's stay at the Home.

Application is made, in the first instance, at one of the Clinics. After the Health Visitor has verified the particulars given on the form, such application is forwarded to the General Office. Each case is adjudicated by the Chairmen of the Sub-Committees, after which the applicant is informed of the proposed maintenance charge, the form of agreement as to payment is signed, and the following card of admission is issued.

M. & C.W.

M.H.A.

HULL CORPORATION

MATERNITY HOME.

(567-569 HOLDERNESS ROAD).

To the Matron,

Please admit:

(Name)

(Address)

.....

.....

.....

N.B.—This card must be produced otherwise admission may be refused.

(PLEASE SEE OVER).

(Reverse Side.)

Patients whose application for admission has been accepted by the Committee are admitted at the commencement of labour. They remain in the Home 14 days after confinement—longer if necessary.

Two visitors are allowed on Tuesdays, Thursdays and Sundays, from 3 to 4 p.m.

The patient must bring her own hair brush and comb, soap, toothbrush, handkerchiefs and ration card.

The Matron will interview prospective patients any Friday from 2 to 4 p.m.

J. WRIGHT MASON,

Medical Officer of Health.

Health Department,
Guildhall, Hull.

The number of patients admitted to the Home was 150. Twelve of these were sent out as not being in labour at the time.

130 confinements took place. Of this number 104 were normal cases and 26 abnormal cases.

6 babies were stillborn (2 owing to Eclampsia and 4 owing to Placenta Prævia). There were 124 live births—68 girls and 56 boys—14 of which occurred prematurely.

3 babies were born in a condition of Asphyxia Livida. Each made a good recovery.

Of the 26 abnormal cases, 16 were emergency admissions, and consisted of

Ante-Partum Hæmorrhage	..	..	..	..	1
Do,			due to Placenta Prævia		5
Abortion	..	..	..	..	2
Contracted Pelvis	..	..	..	..	1
Eclampsia	..	..	..	..	2
Twins and Hydramnios	..	..	..	..	1
Transverse presentation with prolapse of hand	..				1
Mitral Stenosis	..	..	..	..	1
Do, and Chorea	..	..	..	..	1
Bright's disease with Uræmic convulsions	..	..			1

Other cases for which the services of the Medical Officer were requisitioned, are as follows :—

Adherent Placenta	..	..	..	..	..	2
Twins	..	..	..	..	..	1
Eclampsia	..	..	..	..	..	1
Albuminuria	..	..	..	..	..	3
Epilepsy	..	..	..	..	..	1
Uterine inertia	..	..	..	..	..	1
Impacted breech	..	..	..	..	..	2
Thrombosis	..	..	..	..	..	3
Insanity of pregnancy and puerperium	..	..				1

The operation of Version was performed in 5 cases, and instrumental delivery was effected in 8 cases.

Since the close of the year the Home has, on several occasions, been used to its utmost capacity. Patients speak highly of the advantages which the Home offers, and no trouble has been experienced in the matter of payment for maintenance.

Additional accommodation will soon be required, as on one occasion it was necessary to utilize two extra beds.

Deaths of Mothers -3.

(i.) due to Placenta Prævia Centralis, the patient being admitted in a collapsed condition. Version was performed and the patient was delivered of a stillborn child. The patient had only been admitted two hours previous to her confinement, and died 15 minutes after delivery.

(ii.) due to Bright's disease and Uræmic convulsions associated with three months' pregnancy. The patient was admitted in a deeply comatose condition after having had fits for 18 hours prior to admission.

(iii.) due to Eclampsia. Patient deeply comatose on arrival, and had had fits for 7 hours prior to her admission. She was delivered of a still-born child and died 9 hours after admission.

In each of these cases there was considerable delay before admission to the Home was sought.



Maternity Home Weighing an Infant.



View of Ward in Maternity Home.

Deaths of Infants 3.

1 was ascribed to Congenital Deformity, 1 to Congenital Heart Disease, and the other to Prematurity.

There was one case of mild Ophthalmia Neonatorum which made a good recovery.

TRAINING OF PUPIL MIDWIVES.

The practical training of pupil midwives is undertaken at the Maternity Home, the Central Midwives Board having approved Miss Chippindale, the Matron, for the purposes of Rule C 1 (1) (a) and (b). Dr. E. M. Townend, the Medical Officer, has also been recognised by the Board as a Lecturer (Rule C 1 (1) (c)).

Rule C 1 (1) stipulates a period of training in midwifery extending over a period of not less than six months, but in the case of a woman who produces a certificate of

three years' training as a nurse in a General Hospital of not less than 100 beds : or

three years' training as a nurse in a Poor Law Institution recognised by the Local Government Board (now the Ministry of Health) as being a Training School for nurses and maintaining a resident Physician or House Surgeon and a Matron or Superintendent Nurse : or

Enrolment as a Queen's Nurse by the Queen Victoria Jubilee Institute for Nurses.

a period of not less than four months shall be substituted for the period of not less than six months stipulated above.

Fees—Six months' training, £21.

Four months' training, £15.

(THESE FEES ARE PAID ON ENTRY AND INCLUDE BOARD AND LODGINGS, BUT NOT WASHING.)

Six nurses completed their course of training during the year, and each passed the examination of the Central Midwives Board and obtained the necessary certificate to practise. Four had a six months' course, and two a four months' course. The number of pupils trained during the four years (1916-1919) of Corporation management is 25.

(SECTION E.)

OTHER AGENCIES ENGAGED IN CHILD WELFARE WORK.

Three **Creches**, or **Day Nurseries**, are established in Hull, viz., at Moscow House, Holderness Road, 95, Coltman Street, and Clarendon House, Clarendon Street, under voluntary effort, and are open from 7 a.m. to 7 p.m. for the reception of infants of working mothers. The ages at which the children are admitted range from one month to 5 years. A charge of 6d. per day is made to the mother for each child, for which sum the child is bathed, tended, and fed with suitable food according to age. The deficit with regard to maintenance, &c., is defrayed by voluntary contributions and by a grant from the Corporation. A Matron is in charge of each Creche and works under the control of a voluntary committee governed by the Central Creche Council.

The number of children who attended the Creches during 1919 was :—Moscow House, 3,719 ; Coltman Street, 5,701 ; and Clarendon House, 4,526 : a total of 13,946 children.

The **Victoria Children's Hospital**, Park Street, affords treatment—chiefly out-patient treatment—for children referred to the institution by the Clinical Medical Officers. Recommendations were issued in respect of 361 children. The Committee of Management receive for this purpose a grant of £150 from the Corporation.

The **Hull Hospital for Women**, Wright Street, admits those cases sent from the Clinics, which require operative assistance and treatment. The cost of the treatment of 9 cases sent during the year amounted to £44 17s. 4d.

CREMATION.

Cremation was first brought prominently before the public of Hull by Ex-Alderman W. Holder in 1891, he was a keen enthusiast on the subject and did much to forward the scheme. As a result of his untiring efforts, it was ultimately decided by the Burials Committee to proceed with the erection of a crematorium.

The Crematorium is situate on a site adjoining the Hedon Road Cemetery. It was the first Municipal Crematorium and was opened on the 2nd January, 1901, the first cremation taking place on the 7th January of the same year.

Cremation as a means of disposal of the dead is, in the interests of public health, greatly to be advocated; and the general public, although slow to appreciate the fact are gradually becoming educated to it, as is shown by the following figures :—

Year.							No. of Cremations.
1901	..	..	..	..	..	..	17
1902	..	..	..	..	..	..	13
1903	..	..	..	..	..	..	18
1904	..	..	..	..	..	..	20
1905	..	..	..	..	..	..	15
1906	..	..	..	..	..	..	17
1907	..	..	..	..	..	..	29
1908	..	..	..	..	..	..	37
1909	..	..	..	..	..	..	15
1910	..	..	..	..	..	..	21
1911	..	..	..	..	..	..	25
1912	..	..	..	..	..	..	27
1913	..	..	..	..	..	..	21
1914	..	..	..	..	..	..	16
1915	..	..	..	..	..	..	34
1916	..	..	..	..	..	..	25
1917	..	..	..	..	..	..	24
1918	..	..	..	..	..	..	43
1919	..	..	..	..	..	..	46
Total ..						..	<hr/>463 <hr/>

PUBLIC MORTUARY.

Table shewing the number of bodies admitted to, and the number of inquests and post-mortems held at, the Mortuary.

Month.	Bodies Admitted.			No. of Post-Mortems.			No. of Inquests.	Deaths from Drowning.		
	Males.	Females.	Total.	Males.	Females.	Total.		Males.	Females.	Total.
January ..	16	3	19	16	3	19	19	—	—	—
February ..	17	17	34	16	17	33	33	2	1	3
March ..	10	9	19	8	8	16	19	—	—	—
April ..	12	8	20	8	8	16	20	3	—	3
May ..	9	11	20	6	10	16	20	1	1	2
June ..	9	6	15	8	4	12	15	1	—	1
July ..	6	5	11	4	5	9	10	1	—	1
August ..	15	4	19	10	3	13	19	4	—	4
September ..	8	2	10	5	2	7	10	2	—	2
October ..	8	3	11	8	3	11	11	—	—	—
November ..	14	9	23	14	9	23	23	1	—	1
December ..	11	6	17	11	5	16	17	—	—	—
Totals ..	135	83	218	114	77	191	216	15	2	17

ATTENDANCES AT PUBLIC BATHS.

Year.	Beverley Road.	Madeley Street.	East Hull.	Newington (Open Air).
1915	136985	200779	98030	13192
1916	114849	124616	93015	15119
1917	141500	150330	112746	18975
1918	156695	156659	109542	16390
1919	197678	174937	135713	20224

DISINFECTING STATION.

The Corporation Disinfecting Station, situate in Scarborough Street, was opened on the 21st February, 1901. The whole of the City and Port disinfections are carried out at this station. It is easy of access, and is fitted with a

"Washington Lyon" apparatus. Waiting rooms and bath rooms for both sexes are also provided. Attached to the station are shelters, at which families, or a ship's crew, may be accommodated during the day or night whilst their homes or quarters are undergoing fumigation.

By an arrangement with the Education Authority, verminous school children are sent to the station for bathing and disinfection, and in 1917, owing to the increasing number sent, it was found necessary to provide three additional baths.

The following figures shew the work carried out at the disinfecting station during the past five years :—

Year.	No. of persons bathed.	No. of articles disinfected.	No. of books disinfected.	No. of premises disinfected.
1915	3795	46730	1105	2687
1916	6068	47038	627	3996
1917	7151	42857	370	1847
1918	7302	48916	870	4404
1919	6228	65165	616	2702

SALE OF FOOD AND DRUGS ACTS.

Samples taken under the above Acts and submitted to the Public Analyst.

DESCRIPTION OF SAMPLE.	No. of Samples.	Samples Taken.					Adulterated, &c.	No action taken.	Prosecutions.	Letter of Caution sent.
		Officially.	Informally.	By Agent.	In course of Delivery.	Genuine.				
Apricots, Canned ..	1	..	1	1	..	1	..	..	..	..
Asparagus ..	1	..	1	..	..	1	..	..	..	..
Baking Powder ..	4	..	4	4	..	4	..	..	..	..
Barley Pearl ..	4	..	4	4	..	4	..	..	..	..
Beans, Baked ..	1	..	1	..	..	1	..	..	..	..
Do. Cut ..	1	..	1	..	..	1	..	..	..	..
Beer ...	4	..	4	..	..	4	..	..	..	..
Butter ..	9	8	1	..	..	8	1	1	..	..
Brandy ..	1	1	..	..	..	1	..	..	..	..
Bread ..	5	..	5	2	..	5	..	..	..	..
Bread and Butter ..	1	1	..	..	..	..	1	..	..	1
Carraway Ground ..	5	1	4	..	..	5	..	..	..	..
Cinnamon, Ground ..	5	..	5	..	..	5	..	..	..	..
Cheese ..	1	..	1	1	..	1	..	..	..	..
Cocoa ..	4	..	4	..	..	4	..	..	..	..
Coffee and Chicory ..	4	..	4	..	..	4	..	..	..	..
Coffee ..	9	..	9	5	..	9	..	..	..	..
Coffee Extract ..	9	..	9	5	..	9	..	..	..	..
Carried forward	69	11	58	22	..	67	2	1	—	1

SALE OF FOOD AND DRUGS ACTS—continued.

DESCRIPTION OF SAMPLE.	No. of Samples.	Samples Taken.				Genuine.	Adulterated, &c.	No action taken.	Prosecutions.	Letter of Caution sent.
		Officially.	Informally.	By Agent.	In course of Delivery.					
Brought forward	69	11	58	22	—	67	2	1	—	1
Cordials:—										
Black Currant ..	1	1	..	..	..	..	1	..	..	1
Raspberry ..	1	1	..	..	..	..	1	..	..	1
Lime Juice ..	1	..	1	..	..	1	..	..	..	..
Cornflower ..	8	..	8	8	..	8	..	..	..	..
Cream ..	9	9	..	..	..	9	..	..	..	..
Dripping ..	9	5	4	..	..	8	1	..	1	..
Egg Powder ..	4	..	4	4	..	4	..	..	..	..
Epsom Salts ..	6	..	5	..	..	5	..	..	..	..
Flour ..	4	..	4	..	..	4	..	..	..	..
Do. Self-raising	8	..	8	4	..	8	..	..	..	..
Friars Balsam ..	5	1	4	4	..	3	2	1	..	1
Gin ..	1	1	..	..	..	1	..	..	..	..
Ginger, Ground	5	..	5	..	..	5	..	..	..	..
Glycerine ..	9	..	9	7	..	9	..	..	..	..
Gregory Powder	4	..	4	..	..	4	..	..	..	..
Honey ..	4	..	4	4	..	4	..	..	..	..
Iodine, Tincture of	5	1	4	..	..	5	..	..	..	..
Jam ..	10	..	10	6	..	10	..	..	..	..
Jelly ..	5	1	4	4	..	3	2	2	..	..
Laudanum ..	6	2	4	4	..	2	4	3	..	1
Lard ..	5	..	5	5	..	5	..	..	..	..
Do. Compound	8	..	8	4	..	8	..	..	..	..
Lemon Squash ..	1	1	..	..	..	1	..	..	..	..
Mace, Ground ..	4	..	4	..	..	4	..	..	..	..
Margarine ..	22	5	17	8	..	22	..	..	..	..
Meat, Potted ..	7	..	7	7	..	7	..	..	..	..
Milk ..	385	380	5	1	51	371	14	10	3	1
Do. Condensed	4	..	4	4	..	4	..	..	..	..
Do. Powder ..	4	..	4	4	..	4	..	..	..	..
Mustard ..	4	..	4	..	..	4	..	..	..	..
Nutmeg, Ground	4	..	4	..	..	4	..	..	..	..
Olive Oil ..	4	..	4	4	..	4	..	..	..	..
Oatmeal ..	4	..	4	4	..	4	..	..	..	..
Paregoric ..	2	2	..	..	..	..	2	..	2	..
Paste, Fish ..	2	..	2	2	..	2	..	..	..	..
Peas ..	2	..	2	..	..	2	..	..	..	..
Pine Apple Cider	1	1	..	..	..	1	..	..	..	..
Quinine Ammon. T. of	5	..	5	..	..	5	..	..	..	..
Quinine Wine ..	4	..	4	4	..	4	..	..	..	..
Rice ..	5	..	5	2	..	5	..	..	..	..
Do. Ground ..	5	..	5	2	..	5	..	..	..	..
Rum ..	1	1	..	..	..	1	..	..	..	..
Sago ..	4	..	4	4	..	4	..	..	..	..
Salad Oil ..	4	..	4	4	..	4	..	..	..	..
Sodium, Salicylate of	5	..	5	3	..	5	..	..	..	..
Sugar, Granulated	1	1	..	..	..	1	..	..	..	..
Sulphur, Flowers of	5	..	5	3	..	5	..	..	..	..
Tapioca ..	4	..	4	4	..	4	..	..	..	..
Teas ..	4	..	4	..	..	4	..	..	..	..
Treacle ..	13	..	13	6	..	12	1	1	..	..
Vegetables, Canned	1	..	1	..	..	1	..	..	..	..
Vinegar ..	4	..	4	4	..	4	..	..	..	..
Whisky ..	1	1	..	..	..	1	..	..	..	..
Yeast ..	8	..	8	8	..	8	..	..	..	..
Zinc Ointment ..	4	..	4	..	..	4	..	..	..	..
Totals ..	714	425	289	154	51	684	30	18	6	6

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

Report as to samples taken :

(1) Milk and Cream *not sold* as Preserved Cream :—

	(a) No. of samples examined for the presence of preservative	(b) No. in which a preservative was reported to be present.
Milk	385	—
Condensed Milk ..	4	—
Milk Powder	4	—

(2) *Sold as* Preserved Cream—

(a) Instances in which samples have been submitted for analysis to ascertain if statements on the label as to preservatives were correct :—

(1) Correct statements made	8
(2) Statements incorrect	1

—
9

(b) Determinations made of milk fat in cream sold as preserved cream :—

(1) Above 35 per cent.	9
(2) Below 35 per cent.	—

—
9

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of Preserved Cream in Article V. (1) Milk and Cream Reg. 1912, and amendment of Article B. (2) in Amendment Order, 1917, have not been observed :—

Sample No.	Particulars of Contravention.	Action taken.
2136	Label did not conform with the requirements of the Amendment Order, 1917.	Vendor cautioned by letter from the Town Clerk.

(d) Particulars of case in which the Regulations were not complied with, and action taken :—

Sample No.	Particulars of Contravention.	Action taken.
2135	Selling as preserved cream, cream containing a larger quantity of boron preservative, equal to 0.60 per cent. of boric acid, an amount which is in excess of that stated on the declaratory label.	None.

(3) Thickening substances, any evidence of their addition to Cream or Preserved Cream : —Nil.

(4) Other observations, if any : —

All samples referred to in this report were obtained under the Sale of Food and Drugs Act, but with the idea of taking action under the Public Health (Milk and Cream) Regulations in those cases where such action might be found to be necessary.

FERTILISERS AND FEEDING STUFFS ACT, 1906.

No samples were taken under above Act during the year.

INSPECTION AND REGISTRATION OF CANAL BOATS. FOR THE YEAR ENDING 31st DECEMBER, 1919.

Canal Boats Inspected	1325
Additional inspections made to ascertain if Notices served had been complied with	61
Total number of inspections	1386
Canal Boats found in good order	1131
Canal Boats contravening the Acts	194
	1325

The 1,325 Canal Boats inspected during the year are registered to accommodate 6,832 adult persons, whilst only 2,667 adults (2,166 males, 501 females and 237 children) were found occupying the said boats. The number of children of school age found on the boats registered by this Authority was 42.

PARTICULARS OF CONTRAVENTIONS.

	Defects.	Remedied.
Not properly lettered and numbered ..	5	5
Absence of certificates	12	12
Requiring repairs :—		
Decks, Stoves and Floors	9	
Cupboards and Watereasks	5	
Bedberths and Cupboards	9	
Additional Light	2	
	25	25
Carried forward	42	42

	Defects	Remedied
Brought forward . .	42	42
Certificates not identifying owner with boat	4	4
Requiring renewal of paint	119	114
Change of Master not notified	1	1
Cabins not in a cleanly condition . .	24	24
Overcrowding	—	—
Females over age without proper separation	3	3
Refusal of admittance to inspection . .	—	—
Carrying offensive cargoes without double bulkhead	—	—
Unregistered boats	1	1
	<hr/> 194	<hr/> 189

In reference to the 5 contraventions unremedied, notices have been sent either to the Master or owner, and the notices are receiving attention.

The 7 contraventions existing when the last annual report was presented have since been remedied. In addition to the written notices or letters sent, the owners or the masters of all boats contravening the Acts or Regulations have been verbally cautioned.

INFECTIOUS DISEASES.

On Friday, 17th January, a notification was received from a Medical Practitioner that Albert Cole, age 17 years, mate on board the boat "John Hunt," was suffering from Typhoid fever. Patient was removed to hospital.

On Saturday, 23rd June, a notification was received from a medical practitioner that Martha Oates, age 12 years, daughter of Captain Albert Oates, on board the boat "Herman," was suffering from Tuberculosis of the lungs. Patient was removed to her home at Thorne.

On Tuesday, 30th December, a notification was received from a medical practitioner that Alice White, age 23, wife of Capt. Albert White on board the boat "Active" was suffering from Diphtheria.

The necessary disinfection of the above boats was carried out in each case.

LEGAL PROCEEDINGS.

It has not been necessary during the year to take proceedings, as in nearly every instance where contraventions of the Canal Boats Acts have been discovered the person responsible has carried out the necessary work with the least possible delay.

REGISTRATION DEPARTMENT.

Total Number of Canal Boats on the Register at 31st December, 1918	583
Registered during the year 1919	7
Cancelled during the year 1919	9
Total number on the Register at 31st December, 1919	581

Particulars of boats registered during the year :—

Boats not previously registered	1
Previously registered under other Authorities ..	6
	7

New certificates issued in consequence of—

Change of ownership	4
Change of Boats name	1
Certificates lost and dilapidated	4
Certificates endorsed with name of new owner ..	1
New Owners.. .. .	7
	17

Particulars of boats the registration of which has been cancelled during the year :—

Ceased to be used for human habitation.. ..	1
Boats sunk and broken up.. .. .	3
Boats taken over by the Government	5
	9

Number of boats believed to be in use or available..	581
Number of boats at present cannot be traced ..	42
Number of (a) Steam propelled boats	14
(b) Motor propelled boats	1

LODGING HOUSES.

Common lodging houses are registered and Seamen's lodging houses licensed for one year only, and application must be made for renewal on the first of January in each year.

Common Lodging-Houses.—During the War there was a marked decrease in the number of men who usually resort to the lodging houses in the city, and as a result several of the most undesirable common lodging-houses have been closed as such and are now being used for other purposes. The standard of the remaining houses, has, therefore, been somewhat improved.

In some of the model lodging-houses for men, separate cubicles are provided for each lodger and these appear to be more appreciated than the accommodation at the other houses.

The house known as "Victoria Mansions," with 490 cubicles and which was for several years in the possession of the Military Authorities, has now reverted to its original use. This is a valuable addition to the lodging-house accommodation in the City.

There is one registered house with 30 single beds for women, which is conducted under the auspices of the National Council of Women of Great Britain and Ireland. The house is admirably equipped.

At the close of the year there were twenty-two houses on the register. They are provided with 232 rooms and are capable of accommodating 1221 lodgers. This provision fully meets the demands for this class of house.

The inspector has made 841 day and 56 night inspections.

Seamen's Lodging-Houses.—There were thirty-nine of these houses on the register. They are provided with 654 rooms or cubicles with accommodation for 959 lodgers.

One thousand and twelve day and eighty night visits were made to the houses.

Prior to the war the licensees of these houses were permitted to board vessels for the purpose of obtaining lodgers. This privilege has now been withdrawn by the Board of Trade, and the keepers have to rely mostly on the several Consuls to direct seamen to houses of their own nationality.

Houses-Let-in-Lodgings.

Number of Houses on Register at the end of 1918	..	296
Do. registered during 1919	.. ..	9
		<hr/> 305
Number of Houses cancelled during 1919 for various reasons	.. ..	13
		<hr/>
Total number of Houses occupied as Houses-let-in-Lodgings at the end of 1919	.. ..	292
		<hr/>
Total number of rooms in the 292 houses	.. ..	1938
Registered number of rooms in the 292 houses	.. ..	1481
Number of rooms used for living and sleeping purposes		1154
Number of rooms used for sleeping purposes only	..	327
Number of rooms let Unfurnished	.. ..	632
Do. Furnished	.. ..	849
Number of persons accommodation provided for	..	3700
Do. do. found in occupation	.. ..	2116
Do. Families do. do.	.. ..	1221
		<hr/>
Number of Notices served requiring landlord to provide information necessary for registration	.. ..	29
Number of information forms received	.. ..	29
		<hr/>
Notices not complied with	.. ..	0
		<hr/>
New Registrations	.. ..	3
Houses re-opened as Houses-let-in-Lodgings	.. ..	6
Transfer of landlord	.. ..	18
		<hr/>
Total	..	27
		<hr/>
Number of informal circulars issued to landlords showing the number of persons allowed to occupy the rooms	.. ..	28
Number of copies of Bye-laws issued to landlords	..	20

Inspections.

Number of visits to Houses-let-in-Lodgings	8594
Do. do. exempt from registration	87

Total number of inspections	8681
-----------------------------------	------

Number of notices issued :—

Notices outstanding at end of 1918	6
Re Breaches of Bye-laws, &c.	171
Re Cleansing and Limewashing	292

Total	469
-------------	-----

Notices outstanding at the end of 1919	4
--	---

Total number of notices complied with ..	465
--	-----

Number of verbal cautions given	378
---------------------------------------	-----

Do. letters sent	66
------------------------	----

Breaches of Bye-laws were reported in 27 instances and formal notices issued. The whole of these notices were complied with.

Sanitary Conveniences.

In the 292 houses now on the register, 149 have one water-closet, 18 have two water-closets, 5 have both water-closet and privy, 71 have one privy, 13 have two privies and 36 have privy pails.

Of the 126 houses provided with privies, 70 of such privies are within six feet of the dwelling, and in 43 instances the contents of the privy have to be carried through the house.

Summary of Work Carried Out.

Overcrowding of rooms discontinued	4
Separation of the Sexes provided	3
Cellar dwellings closed	3
Premises cleansed and limewashed	298
New water closets provided	2
„ drainage „	1
Carried forward	311

Brought forward	..	..	..	311
New pavement provided	..	..	..	1
,, dust bins	..	..	..	15
Privies demolished	..	..	..	2
Choked water closets cleansed..	..	..	..	36
,, drains and gullies	..	..	..	48
Foul water-closet basins	..	..	..	25
Water-closet cisterns repaired..	..	..	..	44
Waste pipes repaired	..	..	..	2
Spouting repaired	..	..	..	18
Privies	..	..	..	58
Yard pavement repaired	..	..	..	10
Roofs and ceilings	..	..	..	30
Walls and floors	..	..	..	26
Unwholesome Animals removed	..	..	..	6
Accumulations of refuse	..	..	..	46
Liquid and solid refuse removed from rooms..	..	..	..	5
Dirty floors of rooms, staircases, &c., cleansed	..	..	..	149
,, pavement of yards, &c.,	..	..	..	217
,, privy seats and floors	..	..	..	173
,, privies improperly used	..	..	..	13
Total	..	..	..	<u>1235</u>

NUMBER OF REGISTERED OR LICENSED PREMISES WHICH REQUIRE INSPECTION.

Description of Trade or Business.	No.
Common Lodging Houses	22
Seamen's Lodging Houses	39
Houses-let-in-lodgings	292
Slaughter Houses	51
Fish Curing Houses	61
Cow Sheds (in occupation)	72
Margarine Factories	1
Milk Shops	551
Wholesale dealers in Margarine	65
Tripe Boilers	7
Fat and Tallow Melting Works	2
Soap Boilers	2
Bone Boiling Works	2
Gut Scraping Works	3
Knacker Yards	1
Fish Manure Works	2
Cod Liver Boilers	5
Extraction of Cod Liver Oil (for Medicinal purposes only)	1
Ammoniacal Liquor Works	1
Tanneries	3
Total	1174

SANITARY CONVENIENCES.

RETURN (AS PER AN ENUMERATION COMPLETED IN MARCH, 1920) SHOWING THE TYPE AND NUMBER OF SANITARY CONVENIENCES IN THE CITY AND THE NUMBER OF PREMISES TO WHICH THEY ARE PROVIDED, AND THE NUMBER OF MOVEABLE DUST-BINS AND FIXED ASPHPITS PROVIDED TO PRIVY PREMISES AND WATERCLOSET PREMISES RESPECTIVELY.

Type of Convenience.	No. of Conveniences.		No. of Premises.
Watercloset	37966	..	27755
Privy with fixed receptacle	27575	..	26827
Privy, with moveable receptacle	13741	..	13226
No. of dust-bins and ashpits provided to			
	Privy.	W.C.	Total.
	Premises.	Premises.	
Moveable dustbin	779	24667	25446
Fixed ashpit	39	1017	1056
Total	818	25684	26502

There are 10,996 premises without a backway, including 7,815 in which nightsoil has to be carried through the dwelling.

SCAVENGING.

The collection and disposal of house refuse is carried out by the Corporation under the direction of the Chief Inspector of Nuisances through directly employed labour.

For the purpose of refuse collection the City is divided into three main divisions, namely, West, North and East, and in each of such divisions is situated a Depot from which the work in each area is controlled. The City is also sub-divided into 21 sub-districts, in which the work of refuse collection is carried out weekly.

The refuse comprises (a) wet refuse, nightsoil and (b) dry refuse, including (i) house refuse other than nightsoil, and (ii) trade refuse.

Wet refuse, or nightsoil, is collected in specially constructed watertight carts which are sheeted down with oil

proof sheeting immediately after the collection is finished, when the carts leave the district for the places of disposal. Dry dust, including trade refuse, is collected in horse drawn covered van of two types, type 1 being a high-loading vehicle of Glover's patent pattern and type 2 a low-loading one known as the "Pershire" van.

Regarding the collection of trade refuse, after a certain margin has been allowed for collection free of charge, usually 3 basketfuls per shop or premises per week, a charge is made, under agreement between the occupier of the premises and the Corporation, for the removal of trade refuse in excess of that quantity, such charge being at the rate of 3d. per basketful up to 12 basketfuls; and for quantities over 12 basketfuls and up to a load, the charge is the same as for a load, namely, 6s.

Disposal of Nightsoil.—Nightsoil is disposed of by sale to farmers, market gardeners and allotment holders for manurial purposes, the bulk of the stuff being carried into agricultural areas outside the City in the carts in which it is collected. A varying quantity is put on rail or into vessels for agricultural purposes in more remote parts of the farming district around the City. Smaller quantities are, at certain times of the year, disposed of to allotment holders within the City.

Disposal of Dry Dust.—Dry dust, including a certain amount of trade refuse, is disposed of in the respective districts as follows :—

West District.—At the West District Destructor Works, which comprises a 12 cell Horsfall Destructor with power hoist and an inclined road for horses and carts. There is a tipping platform on the first floor, and an electric generating plant is provided for the purposes of driving the machinery at the Western Depot (which adjoins the Destructor Works) and steam producing plant for the production of steam used at Madeley Street Public Baths and at the Scarborough Street Disinfecting Station.

East District.—At the East District Destructor Works, provided with a 6-cell Fryer Destructor with addition of Horsfall's Forced Draught Apparatus. At this Destructor there is an inclined road with tipping platform on the first floor.

North District.—The refuse from this District is mainly disposed of by tipping into disused clay pits in Inglemire Lane, varying in depth from 6 or 7 to 20 feet and covering a superficial area of roughly 7 acres, which, under agreement with the owner, were first used as tips by the Corporation in January, 1920. Until quite recently, refuse from this District was tipped into other clay pits on Cottingham Road, such pits being from 10 to 20 feet deep, and of a superficial area of about 5 acres, and now used as allotments.

In connection with the disposal of refuse in the North District, a refuse crushing plan is provided in Stepney Lane, under the control of the City Engineer.

Tradesmen have the privilege of carting, at their own cost, to each of the 2 Destructors above mentioned, certain combustible trade refuse, such refuse being there destroyed at a cost to the tradesmen of 3s. 6d. per load.

Nuisances.

Summary of Inspections, &c., made by the District Inspectors of Nuisances and of Notices served and work done as the result thereof.

Houses, &c., inspected and nuisances abated :—

No. of Complaints registered	..	..	..	1706
No. of Houses, &c., inspected	..	..	..	5409
No. of Notices served*	..	..	..	3887
No. of Notices complied with*	..	..	..	3369

General Nuisances :—

No. of drains, gullies and W.C.'s cleansed	..	1144
No. of Premises cleansed and limewashed	..	42
No. of Sanitary Conveniences repaired or amended	1416	

Drainage, &c.—

No. of Supervisions of Drainage and other works in progress	..	..	..	113
No. of Privies converted into W.C.'s	..	..	10	
No. of separate and combined Drains reconstructed	44			
No. of separate and combined Drains repaired (including gullies placed on existing drains)	38			
No. of Fall-spouts disconnected from drains	..	9		

Manure Yards—

No. of inspections	782
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Milk Shops

No. of inspections	831
--------------------	---------	-----

No. not in conformity with Regulations	..	1
--	----	---

Infectious Diseases—

No. of cases investigated by District Inspectors		3116
--	--	------

No. of visits paid to Small-pox, &c., contacts..		744
--	--	-----

Food Control—

No. of Inspections	6705
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* Principally informal notices.

Privies converted into Waterclosets.

Number of Privies converted into Waterclosets during the year :-

Dwelling-houses (including houses-let-in-lodgings)	10
--	----

Workshops and Workplaces	3
--------------------------	---------	---

13

DRY DUST COLLECTION.

No. of Applications for the Removal of House Refuse &c.	No. of Loads Collected (Nightsoil Carts and Vans.)				Total Loads.
	East District Destructor.	West District Destructor.	Tips Outside.	Pulveriser.	
2663	7945	11198	8253	1259	28655

NIGHTSOIL COLLECTION.

No. of Applications for the Removal of Night Soil.	Total number of Loads Collected and where tipped.				Total Loads.
	Railway Sidings.	Wharves and Docks.	Allotments, Parks, &c.	Farms, &c. outside City Boundary.	
389	10658	1516	4126	10054	26354

DESTRUCTORS.**Refuse Destroyed.**

Nature of Refuse.	No. of loads dealt with at		Total Loads.
	West District Destructor.	East District Destructor.	
Ashes, shop and warehouse refuse	11410	7884	19294
Damaged Fruit & Vegetables	111	280	391
Eggs, &c.	146	97	243
Dead W.D. E.D. Total.			
Animals 490 284 774	24	14	38
Mattresses 1925 855 2780	96	43	139
Fever Pails (contents of) 20 11 31	1	1	2
Baskets of Yeast .. 1066 896 1962	53	45	98
Totals	11841	8364	20205

In addition to the above, 9,512 van and cart loads have been taken to tips referred to on page 105.

16 tons of Disinfecting Powder and 4 tons 4 cwt. of Disinfecting Sawdust were made at the West District Destructor for the Health Committee.

OFFENSIVE TRADES, SMOKE NUISANCES, &c.

Offensive Trades.—The various works at which noxious trades are carried on have been periodically inspected, 825 day visits having been made to the works. Nuisances have been discovered, necessitating the serving of 7 notices, which have all been complied with. Verbal cautions have been found sufficient to secure the remedying of defects in other instances.

Fish-Curing Houses.—The premises have received the close attention of your Inspectors. The smoke apparatus at present in use at the majority of the fish-curing houses is of great value in reducing to a minimum the possibility of nuisances being created.

Smoke Nuisances.—266 observations have been made of various premises at which smoke nuisances existed or were likely to arise, resulting in the serving of 21 notices, in addition to verbal instructions to abate nuisances.

Removal of Offensive Matter.—A strict watch has been kept with a view of detecting persons conveying offensive or noxious matter through the streets during prohibited hours. It was only found necessary on one or two occasions to caution persons against contravening the bye-laws.

Public Sewers.—278 inspections have been made of the public sewers, principally in Stoneferry, Sculcoates and Bankside, and where any nuisance was found to exist, such means as were necessary were taken for its abatement, and the prevention of its recurrence.

Pig-sties.—There are now 311 premises with 674 sties registered as complying with the bye-laws; 12 sties have been closed as unsuitable for the keeping of pigs; 44 sties have

been so structurally altered as to make them comply with the bye-laws.

In consequence of a circular letter issued by the Local Government Board in January, 1917, with regard to the need of increasing the food production of the country, the Health Committee, acting on the advice contained in such letter, decided to temporarily relax the bye-laws relating to pig-keeping, and permission has been given for 427 additional premises, affording accommodation for 2,830 store pigs to be temporarily used for pig-keeping.

3,283 inspections of pig-sties have been made and 745 notices have been served requiring such premises to be thoroughly cleansed and limewashed.

Report on the Administration of the Factory and Workshop Acts, Shops Acts, Employment of Children Act and Prevention of Cruelty to Children Act.

GENERAL REMARKS.

The administration of these Acts is entrusted to the Chief Sanitary Inspector, who is assisted by three specially appointed inspectors, one of whom is allocated solely to the inspection of shops.

The work of inspection under the Employment of Children Act and the Prevention of Cruelty to Children Act was by the Education Act, 1918, transferred from this Department to the Education Department as from 31st March, 1919.

Notwithstanding the interruption caused by the War, special attention has been paid to the sanitation of bakehouses and having regard to the way in which bakers have been handicapped in their work, the bakehouses in the City have been kept in a fairly good sanitary condition.

Work accomplished under the Shops Acts, 1912 & 1913.

Year.	Shops on Register	Inspections.	Notice not exhibited.	Excess of hours of employment of young persons.	Meal times not allowed.	Assistant's half-holiday not allowed.	Open after closing hour.	Mixed Shops open after closing hour - Act not complied with.	Seats required.	Seats provided on request.	No. of cases.	Prosecutions.	Dismissed, with - drawn, or respited on payment of costs.
1919	8156	5618	258	1	7	11	3	101	17	10	3	3	—

Factories, Workshops, Laundries, Workplaces and Homework.

1.—Inspection.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of			Prosecutions.
	Inspections.	Written Notices.	Prosecutions.	
Factories (including Factory Laundries)	87	12	—	—
Workshops (including Workshop Laundries and Bakehouses)	1494	270	—	—
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	99	30	—	—
Total (1443 re-inspections not included)	1680	312	—	—

Total Inspections for the past 10 Years.

Workshops	..	..	..	..	..	..	14917
Factories	..	..	..	..	..	..	853
Laundries	..	..	..	..	..	..	110
Bakehouses..	..	..	..	..	..	..	2918
Re-Inspections, &c.	..	..	..	..	..	..	16835
Outworkers' Lists examined	..	..	..	..	..	..	3540
Steam Whistles	..	..	..	..	..	..	21
Theatres, Shops, &c. (E.C.A.)	..	..	..	..	..	..	2434
Fire Escapes	..	..	..	..	..	..	411
Shops	..	..	..	..	..	..	49283
Plans examined	..	..	..	..	..	..	884
Grand Total	..	..	..	..	..	..	<u>92206</u>

Total Faults Remedied during the past 10 Years.

Outworkers' Lists, &c.	..	..	..	..	..	..	4077
Sanitary	..	..	..	..	..	..	4147
Fire Escapes	..	..	..	..	..	..	179
Shop Notices	..	..	..	..	..	..	1968
Hours of Employment and Meal Times..	..	..	..	..	..	..	90
Closing of Shops	..	..	..	..	..	..	1047
Shop Seats	..	..	..	..	..	..	38
Steam Whistles	..	..	..	..	..	..	11
Employment of Children	..	..	..	..	..	..	971
Grand Total	..	..	..	..	..	..	<u>12528</u>

2.—Defects Found.

Particulars.	Number of Defects,			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts :				
Want of cleanliness	57	32	—	—
Want of ventilation	6	2	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	194	126	—	—
Sanitary accommodation	20	8	—	—
Public Health Acts Amendment Act 1890, in force.	62	39	—	—
insufficient	24	8	—	—
unsuitable or defective	—	—	—	—
not separate for sexes	—	—	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground bakehouse (S. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	37	37	—	—
Other offences (excluding offences relating to outwork which are included in Part 3 of this Report)	—	—	—	—
Total	400	252	—	—

3.—HOME WORK.

OUTWORKERS' LISTS, SECTION 107.

OUTWORKERS' LISTS, SECTION 107.															
NATURE OF WORK.*	Lists received from Employers.				Addresses of Outworkers.			Notices served on Occupiers as to keeping or sending of lists. (10)	Prosecutions.		Inspection of Outworkers' premises (13)	Instances. (17)	Prosecutions made (S. 110). (18)	Prosecutions (Section 109, 110) (19)	
	Twice in the Year.		Once in the Year.		Received from other Councils. (8)	Forwarded to other Councils. (9)	Failing to keep or permit inspection of lists. (11)		Failing to send lists (12)						
	Lists.† (2)	Outworkers. † Con- tractors (3)	Work- men. (4)	Lists. (5)						Outworkers. † Con- tractors. (6)					Work- men. (7)
Making, cleaning, repairing, &c., wearing apparel ..	228	31	728	10	2	9	4	281	—	50	—	1	—	—	
Making, repairing, &c., table linen, bed linen, &c. ..	2	—	6	—	—	—	—	3	—	—	—	—	—	—	
Lace, lace curtains and nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Artificial flowers ..	6	—	317	—	—	—	—	3	—	78	—	—	—	—	
Nets, other than wire nets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tents	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sacks	2	—	10	—	—	—	—	2	—	5	—	—	—	—	
Furniture and Upholstery	4	—	10	1	—	2	—	6	—	1	—	—	—	—	
Fur pulling	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Feather sorting	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Umbrellas, &c. ..	2	—	2	—	—	—	—	3	—	—	—	—	—	—	
Carding, &c., of buttons, &c.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Paper Bags and Boxes ..	2	—	2	—	—	—	—	2	—	1	—	—	—	—	
Basket making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Brush making	4	—	4	—	—	—	—	3	—	2	—	—	—	—	
Racquet and tennis balls ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Stuffed Toys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
File making	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Electro-plate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cables and chains ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Anchors and grapnels ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cart gear	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Locks, latches and keys ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pea picking	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Curtains and furniture hangings	—	—	1†	—	—	—	—	—	—	—	—	—	—	—	
Total	250	31	1080	11	2	11	4	305	—	137	—	1	—	—	

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principal class *only*, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the *total* number of lists (received from employers who sent them both in February and August as required by the Act) and of the entries of names of outworkers in those lists. They will, therefore, usually be double of the number of such employers and (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated.

‡ 1 Outworker included in lists of other class of work.

4. REGISTERED WORKSHOPS.

Class.		Number
Workshops on the Register (S. 131) at the end of the year :-		
Bags, Baskets, &c.	.. .. .	18
Clothing, Boots, &c.	.. .. .	468
Coaches, Cycles, Harness, &c.	.. .. .	62
Coopers, &c.	.. .. .	34
Fish Curers	.. .. .	61
Food, Drink, &c. (Bakers, Confectioners, &c.)	.. .. .	121
Furniture, Pianos, Brushes, &c.	.. .. .	73
Joiners, Plumbers, &c.	.. .. .	106
Laundries, Cleaners, &c.	.. .. .	11
Iron, Tin, Wire, &c.	.. .. .	52
Ships, Boats, Ropes, Sails and Nets	.. .. .	35
Watches, Jewellery, &c.	.. .. .	30
Sundry other Trades	.. .. .	115
Total number of workshops on Register		1186

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) (including new Workshops in which protected persons were found employed, and Domestic Workshops)	48
Action taken in matters referred by H.M. Inspector { Notified by H.M. Inspector .. as remediable under the Public Health Acts, but Reports (of action taken) sent to .. not under the Factory and Workshop Act (S. 5) H. M. Inspector	55
Other	54
Other	4
Underground Bakehouses (S. 101) :—	
Certificates granted during the year	—
In use at the end of the year	—

COMPLAINTS RECEIVED FROM H.M. INSPECTOR OF FACTORIES.

115

Nature of Complaint.	No. of complaints received.	No. of complaints remedied.	No. of complaints being dealt with.	No. of outstanding complaints dealt with.	Remarks.
Defective, unsuitable or foul sanitary conveniences	15	6	9	11	One—matter in hand.
Insufficient sanitary accommodation	2	1	1	1	One—matter in hand.
Not proper separate sanitary accommodation for sexes	3	2	1	1	One—matter in hand.
Workshop not kept in a cleanly condition or linewashing required	14	9	5	2	One—matter in hand.
Dilapidated premises	1	1	—	—	—
Inadequate means of escape in case of fire	1	—	1	1	One—S.14. not applicable.
Overcrowding	—	—	—	1	—
Drainage of floors (fish house)	—	—	—	1	—
Inadequate Ventilation (Gas-Stoves)	7	3	4	3	One—matter in hand.
Half-yearly cleansing of Bakehouse neglected	3	3	—	3	—
Defective roofs, eaves-gutters, &c.	7	2	5	1	—
Sanitary convenience not accessible	1	1	—	1	—
Approaches to sanitary convenience not separate	1	—	1	—	One—matter in hand.
Totals	55	28	27	26	—

Prosecutions instituted under the Shops, &c., Acts.

Offence.	No. of Cases.	Results.
<i>Shops Act, 1912 :—</i>		
Failing to exhibit notice as to hours of employment of young persons.	1	Fined 10s. 6d., including costs.
Failing to close shop on one half day per week : failing to close on the afternoon fixed for the weekly half-holiday.	1	Fined 10s. 6d., including costs.
Employing a young person for longer than 74 hours in one week.	1	Fined 10s. 6d., including costs.

WORKSHOPS AND WORKPLACES.

Table shewing the trades, number of workshops and workplaces at present on the register, and number of each sex employed when first inspected.

TRADES.	Number of Work shops.	Hands Employed.		TRADES.	Number of Work shops.	Hands Employed.	
		Males.	Females			Males.	Females.
Workshops							
Art Needle Workers	6		23	Brought forward	766	1775	2256
Bag Repairers	8	8	82	Rope Walks	1	15	—
Bakers	84	129	60	Saddlers	9	23	—
Basket Makers	10	25	15	Sailmakers	8	20	—
Boat Builders	8	66	—	Shirt Makers	—	—	—
Boot Repairers	88	188	—	Slippermakers	3	17	3
Bottlers of Beer, &c	9	33	—	Smiths	31	86	—
Brush Makers	6	22	6	Stoneworks	4	18	—
Cabinet Makers	18	56	5	Tailors	167	283	364
Chair Makers	2	7	—	Tinsmiths	20	60	7
Coach Builders	3	21	—	Upholsterers	19	55	21
Confectioners	17	32	37	Venetian Blind Makers	3	7	4
Coopers	34	120	—	Watch and Clock Makers	30	65	1
Cork Cutters	—	—	—	Weighing Mach'ie Makers	4	18	—
Cycle Repairers	41	108	3	Wheelwrights	7	26	—
Dressmakers	139	10	874	Wireworkers	1	3	—
Egg Sorters	9	20	57	Wood Carvers	2	4	—
Firewood Cutters	5	5	2	Sundry Trades	108	314	186
Fish-Curiers	61	422	553				
Fish Kit Makers	—	—	—	Totals	1186	2789	2842
Hosiery Knitters	4	—	9				
Joiners	48	186	—	Workplaces—			
Lath Renders	—	—	—	Restaurant and Hotel Kitchens	83	75	265
Laundries	10	8	23	Sundry Work- places	14	37	7
Leather Curriers	2	3	—				
Maltsters	2	9	—	Totals	97	112	272
Marble Masons	—	—	—				
Mast and Block Makers	—	—	—	Grand Totals—			
Milliners	61	1	297	Workshops	1186	2789	2842
Netbraiders	8	13	175	Workplaces	97	112	272
Painters	6	17	—				
Picture Frame Makers	7	13	1				
Polishers	12	43	1				
Plumbers	48	192	—				
Rag Sorters	10	18	33				
Carried forward	766	1775	2256		1283	2901	3114

REGISTER OF SHOPS.

Shops exempted, by Orders made by the City Council,
from the provisions as to Weekly Half-holiday :—

No. of Shops.	No. of persons employed therein.	
	Males.	Females.
366	162 ..	105

Shops required, by Orders made by the City Council to
close for the Weekly Half-Holiday :—

No. of Shops.	No. of persons employed therein.	
	Males.	Females.
*394	497 ..	51

* 27 shops also included in Exempted Trades.

Shops exempted, by the Act, from the provisions as to
Weekly Half-Holiday :—

No. of Shops.	No. of persons employed therein.	
	Males.	Females.
3167	963 ..	795

Shops required, by the Act, to close for the Weekly Half-
holiday :—

No. of Shops.	No. of persons employed therein.	
	Males.	Females.
*4229	3150 ..	1964

* 1398 already included in Exempted Trades.

PARTICULARS OF ORDERS MADE BY THE CITY COUNCIL UNDER THE SHOPS ACTS.

Trades and Businesses exempted by Orders made under
the provisions of Section 4 (4) of the Shops Act, 1912, from the
provisions as to Weekly Half-holiday :—

Stationers.

Fancy Goods Dealers.

Toy Dealers.

Seamen's and Fishermen's Outfitters on the St.
Andrew's Dock Estate.

Seamen's Outfitters on Hedon Road and Great
Union Street.

Coal Dealers.

Trades and Businesses required, by Orders made under
the provisions of Section 4 (6) of the Shops Act, 1912, to close
for the Weekly Half-holiday :—

Pork Butchers.

Butchers.

Chemists and Druggists.

Orders have been made under the provisions of Section 4 (2) of the Act, fixing the day on which the following shops are to be closed for the Weekly Half-Holiday :-

Hairdressers.
Wall Paper Dealers.
Boot Retailers.

The Kingston upon Hull General Half-holiday Order also fixes the Closing Day for all non-exempted shops, except the under-mentioned :-

Fire-wood Dealers.
Rope and Twine Dealers.
Saddlers.
Typewriters and Office Supply Dealers.
Wood Turners.
Cash Register Dealers.
Venetian Blind Makers.
Shoemakers' Requisites Dealers.

CLOSING ORDERS.

Orders have been made under Sections 5 and 6 of the Act fixing the hours on the several days of the week at which the under-mentioned shops are to be closed :-

Butchers.
Hairdressers and Barbers.
Chemists and Druggists.
Boot Retailers.
Watchmakers, Jewellers and Silversmiths.

APPENDIX TO THE MINUTES
OF THE ELEMENTARY EDUCATION
SUB-COMMITTEE, 17th March, 1920.

HULL EDUCATION COMMITTEE.

SCHOOL MEDICAL SERVICE.

REPORT OF THE SCHOOL MEDICAL OFFICER
ON THE WORK CARRIED OUT FROM THE
1st JANUARY to the 31st DECEMBER, 1919.

SCHOOL MEDICAL SERVICE.

REPORT OF THE SCHOOL MEDICAL OFFICER

JAMES W. FRASER, M.D., C.M., M.R.C.S.

Hull, March 4th, 1920.

Dear Sir,

- 1 This, the Twelfth Annual Report of the School Medical Service, deals with a year during which there has been a return to more or less normal conditions in the performance of the duties of medical inspection and treatment of school children. It has also been a year of continuous planning for future extensions of the work in many directions and the perfecting and carrying out of these plans will give strenuous employment in the next few years.
- 2 In February, 1919, Dr. Hart, a part-time assistant School Medical Officer, who had been absent on military duty since December, 1917, was demobilised and resumed his School duties. This made it possible to re-commence the routine inspection of the three code groups of boys, that of the 8-9 years age period having been suspended since May 1st, 1918. A Woman Assistant School Medical Officer, Dr. Lillias Hardie, was appointed on February 19th, and commenced her duties on March 6th. The two part-time women School Medical Officers were continued in their posts, and, with their assistance, it was possible to inspect all the three code groups of the girls, the inspection of the 8-9 years' period having been suspended since the departure of Dr. Enid Walters in August, 1916. A full-time School Medical Officer, Dr. Charles Thornton, was appointed in September, and commenced his duties on October 10th, and this appointment made it necessary to dispense with the services of two of the part-time Medical Officers, Dr. Laslett and Dr. Evan Fraser. The School Medical Officer desires to record his thanks to

these two gentlemen for the work they have done during the past eleven years, and his regret at losing their assistance.

Dr. Wales, the part-time Ophthalmic Surgeon, resigned his post in June, as he was leaving the country, and the Committee and School Medical Officer expressed their regret. Dr. W. Bainbridge was elected to succeed him, and has continued to give the same time (4 hours per week) to his duties until December 4th, from which date the time was increased to 5 hours per week.

The Senior School Dentist, Mr. Stanley Miller, returned to duty on May 16th, having been absent on military service since May, 1915.

A second dental operating room was equipped for him, and has since been in constant use. It was fortunate that the remaining rooms in the Clinic building became vacant about the same time, and were secured for its use, one being used as the nurses' room, one as an extra waiting room and one for office work.

Among the nurses the death of Nurse Johnson on May 10th deprived the Committee of a very able and valuable servant, who had always performed her duties in a thoroughly reliable manner, and had never spared herself in her work. A successor was appointed, who, however, only held the post for a month, resigning a day or two after her appointment. In her place two nurses, Nurse Bacon and Nurse Gordon, were appointed to commence duty on August 12th, the former to perform the ordinary duties of a School District Nurse, the latter to perform the same, but also to be always available, when required, to act as resident nurse at the Municipal Training College.

The Medical Staff, therefore, now consists of the School Medical Officer, 2 full-time assistants (1 male, 1 female), 5 part-time assistants (3 male, 2 female), 1 Ophthalmic Surgeon, 2 School Dentists, 2 Clinic and 6 District Nurses.

- 3 The Ministry of Health Act, 1919, transferred to that Minister all the powers and duties of the Board of Education as to its Medical Service, but by Section 3 (1) (d) provided that as regarding the powers and duties respecting the Medical inspection and treatment of children and young persons under the Education Administrative Provisions Act, 1907, Section 13 (1) (b) as amended and extended by the Education Act, 1918, for facilitating

the effective exercise and performance of these powers and duties, the Minister may make arrangements with the Board of Education respecting the submission and approval of schemes of local Education Authorities and the payment of grants to local authorities, so far as such schemes and payments relate to or are in respect of medical inspection and treatment and the powers and duties of the Minister may, under any such arrangements be exercised and performed by the Board on his behalf and with his authority under such conditions as he may think fit. With the concurrence of the Board, the Minister has decided to exercise the powers conferred on him, and as from the appointed day to make arrangements with the Board, whereby he will

(i.) retain the ultimate right to determine

(a) what is necessary in regard to the work of medical inspection and treatment, and

(b) the standards to be adopted from time to time as to the character, adequacy and efficiency of the provision made.

(ii.) Subject thereto the Board of Education will be responsible for receiving and approving on behalf of the Ministry of Health, all schemes of local Education Authorities and for the payment of grants in aid of medical inspection and treatment and will exercise in this regard the powers and duties of the Minister of Health.

- 4 Under these arrangements three of the plans for extension of the medical service during the coming year received the sanction of the Board of Education late in 1919. The first, and much the largest scheme, is one for a School Camp to be established at Patrington, 12 miles from Hull, using the site and huts of a military camp no longer required. Though this scheme is not directly connected with the Medical service, yet many children, who might otherwise require attention, will derive so much benefit from their stay in camp that medical care may become unnecessary. The plan provides for the camp being open six months in the year, and during that time it will be possible that at least 10,000 children shall stay there for a fortnight each. With a population of 1,000 children, and the teachers and other officials of the camp, it will be necessary to have a Resident Medical Officer, and it is suggested that he should give assistance in the ordinary medical service

during the six months during which the camp is not open. The School Medical Officer was consulted as to the dietary of these children, and approved it after certain alterations had been made.

- 5 The second approved scheme is one for the establishment of a Cripple School, using as premises the building in Park Avenue, which was used up to the end of the year as a Girls' Industrial School. Its license for this purpose having been surrendered, it will, as soon as necessary alterations have been made and a staff appointed, be opened for the reception of cripple children as residential cases and also as day scholars. During the last two years the School Medical Officer has been making preliminary investigations as to children suitable for such an institution, and, therefore, there will be no delay in finding suitable scholars, and it is hoped that the school will be opened early in the year.
- 6 The third approved scheme is one for the establishment of a branch Clinic. For this purpose the Board of Education has sanctioned the purchase of the premises, 114, Coltman Street. These will require but little alteration to convert them into a branch clinic, which will serve the densely-populated south-west district of the City. It is proposed to open with a minor ailment and a dental clinic, but there are rooms which are available for other activities as the necessity arises. Besides the Medical Officer's room, minor ailment treatment room, dental treatment and recovery rooms, there is an office, a good waiting room and a shed for the accommodation of perambulators, the need of which has been much felt at the Central Clinic. There is also good accommodation for a resident caretaker, who, it is suggested, shall act as waiting room attendant, and, with his wife, be responsible for the cleaning of the premises. It is hoped that this scheme will also be working early in the year.
- 7 Two other schemes, which have not yet been approved by the Board of Education, are one for a residential open-air school and one for a central school-bath and cleansing station. The scheme for the open-air school is in substitution for that for a day school, which was approved by the Board of Education in 1915, but which was not proceeded with during the war. The new scheme provides for the utilisation of some of the huts and part of the site of the Patrington School Camp already

approved. It will be possible to accommodate 150 children, who will be selected by the School Medical Officers, and will be under the care of the resident Medical Officer.

The other scheme, not yet approved, is to use part of the former Boys' Industrial School in Marlborough Terrace as a School bath and cleansing station. There will be separate entrances to these two departments, and it is expected that it will be possible in the school bath to bathe 1,000 children per week. As the buildings are situated almost in the centre of the town, and in a very poor, densely-populated district, the bath cannot fail to be exceedingly useful, and will, no doubt, be the first of a series of district school baths. The cleansing station will be much more central than the present Corporation cleansing station in Scarborough Street, and will, therefore, be more easily available. It is not proposed to undertake the treatment of scabies, but merely the cleansing of filthy or verminous children.

8 It is intended also to commence the Medical inspection of Secondary Schools during the coming year, and preliminary enquiries and investigations have been made to be used in drawing up the scheme.

9 No additions have been made to school premises during the year.

10 The correlation with the Health Department continues on the same lines as heretofore, and was particularly close and frequent during the autumnal prevalence of scarlet fever. The Medical Officer of Health continues to furnish the School Medical Officer with daily lists of all the houses from which children attend elementary schools in which the occurrence of cases of infectious disease has been notified to him, and also of the disinfection of these houses. Notices of both occurrences are sent from the Clinic to the teachers of all schools affected, with instructions to carry out the appropriate regulations as to exclusion of children and their return to school. On the other hand, the School Medical Officer forwards to the Medical Officer of Health information received from the teachers of absences from school alleged to be caused by the principal infectious diseases. Such of these cases as are not notified to him by medical men are investigated by the Medical Officer of Health, who thus gains knowledge of notifiable diseases, which

Construc-
tion.

Correla-
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Public
Health
Depart-
ment

he would not otherwise obtain, and also when the disease is found to be non-infectious informs the School Medical Officer and the attendance of the child at school is required.

- 11 The inter-communication between the Tuberculosis department and the School Medical department takes place almost daily, the Tuberculosis Medical Officer sending all his certificates respecting children between 5 and 14 years of age either of fitness or unfitness to attend school through the School Clinic, from which they are forwarded to the Attendance department and the schools. Many children are also submitted to his examination by the School Medical Officers, either when in doubt about the condition or with a view to treatment either Sanatorium or dispensary. The indebtedness, therefore, of the School Medical Officer to the Tuberculosis service is very great for even though some use of the Dental Clinic is made by the latter department for tubercular children whose teeth require treatment, this is only a small return for the advantages derived by the former from the work of the Tuberculosis service.
- 12 On March 19th the Elementary Education Sub-Committee considered the request of the Institutions Sub-Committee of the Maternity and Child Welfare Committee for assistance in the treatment of ophthalmic and dental cases in mothers and in children under 5 years of age. The School Medical Officer reported that as the two School Dentists could only overtake less than two-thirds of the work required in the schools it was manifestly impossible for them to undertake further duties. At the Ophthalmic Clinic it was also impossible to overtake all the work, but so great importance was attached to the early treatment of squint both in facilitating cure of the deformity and in preserving the sight of the squinting eye that the Ophthalmic Surgeon and School Medical Officer stated that they would be glad to arrange to examine and issue prescriptions for spectacles to as many as possible of squinting children under school age. The successful treatment of these children before school age would also proportionately reduce the work of the Clinic when they came to be examined at 6-7 years of age. The Committee resolved to adopt this suggestion and to inform the Institutions Sub-Committee of the Maternity and Child Welfare Committee that the Education Committee would give what assistance they could in the treatment of squinting children.

The principle thus adopted might be further extended if the staff of the Medical Service was large enough to permit of time being given to duties in connection with children under school age with advantage to the children and also to the staff, of whom less would be required when the children begin to attend school. It is not only in cases of squint that earlier treatment, often before the age of five years, would produce much more satisfactory results than are at present attained. The two chief conditions to which this applies are acute Poliomyelitis (infantile paralysis) and Otorrhœa (running ears). Many of the cases of Poliomyelitis occur before 5 years of age, and when examined on admission to school, the resulting deformities have become fixed to such a degree that little can be done to relieve them. It is essential in this disease that the paralysed muscles must at once be put at rest in a position of as complete relaxation as possible, and to do this fixation of the limbs in splints, and usually also prolonged rest in bed are necessary. The latter requisite is impossible in the case of many children, and it is worthy of consideration whether the proposed School for Physically Defective Children could not be utilised for the treatment of at least some of them even before the age of 5 years.

Again in cases of Otorrhœa the history given by the Mother is often that "the ear has run ever since the child cut its teeth," or "ever since it had the measles"; if only, at the very first sign of discharge, treatment had been obtained the ear would usually have healed under very simple treatment. When the discharge is neglected, the simple infection which caused it is complicated by infection by other germs derived from dirt or even from attempts at cleansing, and the treatment becomes extremely tedious. At the minor ailment clinic the cases in children of five years of age often heal very well, especially if the discharge has only recently commenced, but with older children and longer standing disease, the cases really come to deserve the character of incurability often given to them. In this disease again it might be possible to utilise the minor ailment clinics for the treatment of children under five years of age who might be found by the Health visitors.

- 13 Information as to children leaving school, who are not in perfect health, is given to the Juvenile Employment Committee of the Labour Exchange in the same manner as in former years.

14 The School Medical Officers paid 1,081 visits to the
 Number of Visits, school departments, and at these visits examined 14,920 children in code groups as well as re-examinations and special cases. The distribution of these cases as to age and sex is shewn in Table I.

The School Dentists visited 60 schools during the year, and at these visits examined the teeth of 3,968 children between the ages of 6 and 7 years. This year for the first time the Dentists have visited all the schools, and when the third School Dentist is appointed, it will be possible to make a commencement of the re-inspection of cases already treated.

The School Medical Officers also paid 45 special visits to various departments to examine or search for cases of infectious disease and inspected 713 children. The closure on account of diphtheria of Westbourne Street Infants' Department increased both these numbers. The School Medical Officer and male Assistant School Medical Officer also tested by test type and the whisper test the sight and hearing of 3,223 children between the ages of 6 and 7 years. This duty, as well as that of paying special visits asked for by the teachers has been assigned to Dr. Thornton, Assistant School Medical Officer, but in the latter case if he is not immediately available the visit will be paid by either of the other School Medical Officers, who may be at hand.

15 One thousand and seventy-two children were re-
 Re-exami- nated, examined at the schools by the School Medical Officers. In addition to these the names of 229 children were entered in the registers for this purpose, but the re-examination could not take place: 15 children having died, 111 having left school, and the remainder being absent when the School Medical Officers' visits were paid. Of the 1,072 children re-inspected, 679 were routine and 393 special cases; of the former 548 required treatment and of the latter 364.

16 From the tabulation of the record sheets of the 14,920 children examined in code groups the following figures as to nutrition as well as those relating to clothing and boots and certain of those relating to cleanliness are obtained.

Nutrition. The results under the head of nutrition continue to be satisfactory, though not quite so good as last year. It was estimated as "normal" in 77.6 per cent. of the 14,920 children examined in code groups, as "good"

95

Per Cent

90

Per Cent

85

Per Cent

80

Per Cent

72.5 AGE

70.0

67.5 12

Years

65.0

62.5

60.0

57.5

55.0

52.5 8-9

Years

50.0

47.5

45.0

42.5

40.0 6-7

Years

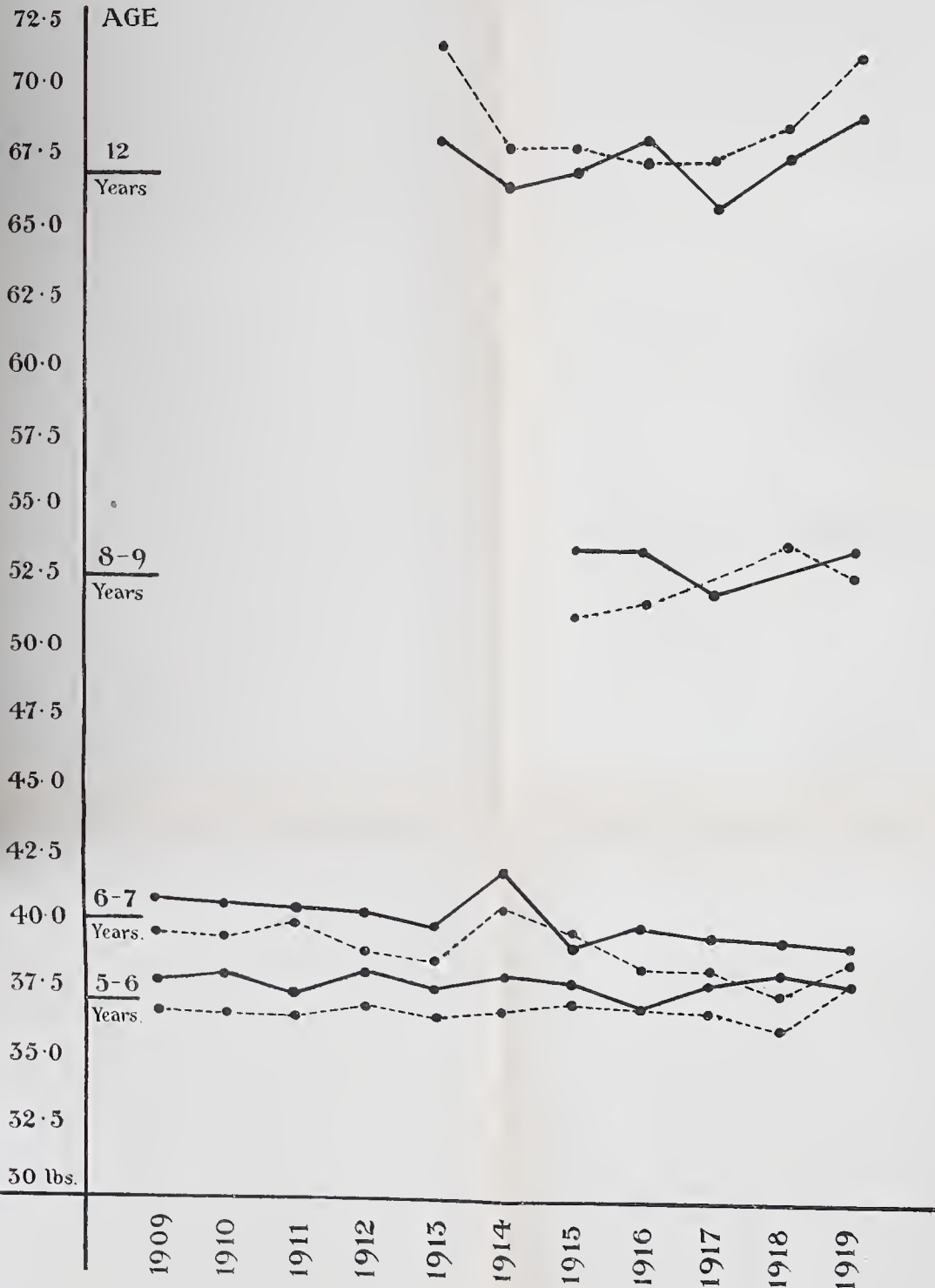
37.5 5-6

Years

35.0

32.5

30 lbs.



in 8.2, as "below normal" in 14.1, and as "bad" in only .14 per cent., the percentages for last year being "good" 7.4, "normal" 81.1, "below normal" 11.2 and "bad" .26. The percentages for the two sexes separately are as follows:—Boys, "good," 9.8; "normal," 76.9; "below normal," 13.2; "bad," .09. Girls, "good," 7.0; "normal," 77.9; "below normal," 14.9; "bad," .17. The estimated nutrition differing little between the sexes.

Owing to scarcity of assistance during the war the heights and weights of the children, though recorded, were not averaged, and the School Medical Officer is indebted to Dr. Thornton for undertaking the tedious task of working out the averages of the weights for the five years since this was last done in 1914, and for preparing the accompanying graphic record of the variations found since the first complete year of medical inspection 1909.

(See Diagram.)

In this diagram the weights are indicated in pounds on the left side, and the curve for the boys is a continuous line, that for the girls being broken. It is only for the admission children that the curve is complete for all the 11 years, various changes having been made in the age periods for inspections; the curves for the 8.9 year period and the 12-year period deal with fewer years. The curves shew that the weights varied very little, and that, though they as a rule, fell a little during the first 2 years of the war, they rose again and are continuing to do so.

A curve has also been prepared and is placed at the head of the diagram, showing for each year the percentage of children, boys and girls, whose nutrition was recorded as "good" and as "normal" taken together, and shows that, while the percentage of boys falling under these two heads keeps remarkably constant, that for girls is much more fluctuating. It also shews the slight reduction in these percentages this year as opposed to the general rise in weight, which is thus shown not to be the only element to be taken into consideration in estimating nutrition. Rationing and the high price of meat, which prevailed throughout the year, were doubtless the cause of the anomaly of the decrease in the estimated quality of nutrition at the same time as the actual weight of the children was increasing; substitutes for

animal food being used, which increase the weight by fattening, but do not make the firm flesh and pink elastic skin, which count for much in the estimation of nutrition.

- 17 The names of 11 children were removed from the register, acting on the certificate of a School Medical Officer during the year, 7 on account of pulmonary tubercle, 2 on account of blindness and 1 each on account of epilepsy and chorea.

18 Table III. gives the number and classification of exceptional children known to exist in the City. No child too blind or too deaf to profit by instruction is attending a public elementary school, and fuller details about those attending special schools for blind, deaf or mentally defective children will be found on page 40. It is satisfactory to find that, under almost every head in the Table the number of children not in School is less than it was last year, showing that most of those who can attend ordinary or special schools, are now doing so, and that many of the rest have been drafted into appropriate institutions.

19 During the past 2 years the School Medical Officer has investigated all the cases of children stated to suffer from epilepsy, with the result that only 16 were found to have had "fits" in school, and 10 had not had any in school, but were stated to suffer from them at home. During the same period he had examined 10 children, who besides being epileptic were mentally defective, and 2 such children were 1 in Willerby Asylum and 1 in the Workhouse Infirmary, these 12 being included among the 32 children not attending school.

20 The attendance of children suffering from pulmonary tubercle, in the stage in which it is desirable that they should be in school, has been decidedly better than in former years. The Tuberculosis Medical Officer entirely confirms both by word and action the statement made in the School Medical Officer's report for 1917 as to the advantage of these children attending school when this can be done without risk to their fellow-workers. During the year he has certified as fit to return to school 107 children, much the larger proportion of these shewing signs of arrested disease or no signs of disease at all. Many of these children had been absent for months, or even years, on the excuse of requiring as much fresh air as possible. But as in most cases this would only mean occasional walks or playing in the streets, varied by

sitting over the fire in a stuffy room, it is obvious that the child is far better off when attending school in a properly warmed and ventilated school-room, and passing most of its time there in bodily rest. A further consideration is that it is also not losing valuable time from its education, and is not contracting habits of idleness, if nothing worse, which will have a bad effect on its whole future life. When the open-air school is established, it will be possible to deal with a number of these children before the actual signs of disease are perceptible, though cases of active disease will not be eligible for admission. These will pass to the Tuberculosis Medical Officer, who is already keeping the cases mentioned above under supervision, and will remove them from school and admit them to the Tuberculosis Sanatorium whenever necessary. That children do not suffer from school attendance under these circumstances is shown by the results of re-examination by the School Medical Officers of 206 actual and suspected cases of pulmonary tubercle found during 1919 among children attending school, of whom 69 were found to be well before the close of the year.

- 21 Of the children not attending school about 40 are under treatment in the Corporation Sanatorium. The Tuberculosis Medical Officer has arranged that a school shall be carried on for them, and as there are usually one or two teachers in residence for treatment, both they and the children welcome the opportunity of occupation during their stay. The Education Committee has supplied the material, books, &c., required. With this and the open-air school, the various positions in the line of defence against pulmonary tubercle among school children will be linked up, which is especially necessary in view of the increased incidence of the disease during and since the war.

- 22 Of children suffering from, or showing the results of, other forms of tuberculosis, there is a great increase in the number attending school, and an equally great decrease in the number of those out of school. Practically half of those attending school, namely 96, were cases of tubercular disease of bone or joint, of which 80 were known to be healed. All of these have been or will be re-examined by the School Medical Officer, and any in whose cases the disease has left crippling deformity will, if treatment is possible and free from danger, be certified for attendance at the proposed School for Physically

Tubercle
Non-
Pulmonary

Defective Children. Due regard will, however, have to be given to the possibility of re-lighting tubercular trouble by over active treatment.

23 Of cripples other than tubercular, 157 cases (84 boys and 73 girls) are reported to be attending School. Last year the reported number was 196, but on examination by the School Medical Officer during the year only 44 of these children could be described as cripples, the remainder being only deformed or slightly physically defective, but not to a crippling degree. These 44 are included among the 157 in this year's return and the examination of the 113 will, without doubt, give results closely comparable to those found last year.

24 For the figures as to dull and backward children the School Medical Officer is indebted to the Head Teachers from whose returns on the subject they are obtained.

25 Despite the high prices ruling during the year the average conditions of clothing and boots among the children, as reported by the Head Teachers, show a small improvement as compared with 1918. The percentage reported as having satisfactory clothing is 89.22 as against 86.77 last year. For the boys the percentage is 88.66 and for the girls 89.69. The boots were satisfactory in 88.12 per cent. as against 87.38 last year, the boys having 87.13 and the girls 90.13. The admission children are the best clothed in both sexes, the boys having satisfactory clothing in 93.85 per cent. and boots in 93.42; the girls satisfactory clothing in 92.53 per cent. and boots in 92.39. Eighty-four children, 56 per cent. are reported to habitually attend school without boots, only 3 of these being girls.

26 It will be extremely gratifying to the Committee to learn that the slight deterioration in cleanliness, which had to be reported last year, has in this year been entirely changed to a considerable improvement and that the figures for this year are the most satisfactory obtained in any year since the commencement of medical inspection. The credit for this excellent result must be entirely given to the School Nurses since for reasons to be stated later, the number of children compulsorily cleansed has been very small this year and, depending on this, the number of prosecutions has been proportionately small. It is therefore entirely due to the tact and perseverance of the Nurses in persuading the parents to cleanse their children themselves that these good results have been

obtained and it is very satisfactory to find that progress is being made with very small use of the legal powers of cleansing or punishment.

- 27 The actual figures are as follows: out of 14,920 children (7,137 boys and 7,783 girls) examined by the School Medical Officers in the code groups during the year, 1,122 or 7·5 per cent. were found to have pediculosis (live lice or nits) of the hair. This, as stated above, is the lowest percentage ever found in the City and compares with 9·8 last year and 8·7 in 1917. Of the 1,122 children only 53 had live lice in the head, a percentage of ·35 as against ·63 last year. The 7,137 boys medically examined showed only 113 cases of pediculosis (4 with live lice and 109 with nits) or 1·6 per cent. This percentage varies little from year to year, in 1918 it was 1·8, in 1917, 1·6, but the percentage for the girls, of whom 1,009 were found to have verminous heads (49 with live lice and 960 with nits) is reduced to 12·9 as against 18·0 last year and 16·6 in 1917. The percentages at the various age groups are as follows:—

			Boys.		Girls.
Admission	..	..	2·1	..	15·8
8 to 9 years	..	..	1·1	..	10·9
12 years	..	..	1·7	..	14·4
13 years	..	..	0·8	..	13·5

These figures give a sufficient answer to the statement constantly made that "the child's head was perfectly clean until it began to attend school," the percentages of pediculosis being the highest for both sexes in the admission group. Ordinary dirtiness of the head, apart from the presence of vermin, was only found in 89 cases, 0·6 per cent.

The condition of the body was more satisfactory than that of the head, only 34 cases of vermin (26 boys and 8 girls) or ·2 per cent. being found and 428 cases of ordinary filthiness (218 boys and 210 girls) or 2·87 per cent.

- 28 These figures taken from the School Medical Officer's reports on the children deal with a sample consisting of nearly one third of the total number on the registers; the following figures taken from the Nurses' reports deal with the whole of the children in attendance. The School Nurses paid 2,925 visits to the School departments during the year and at those visits made 198,849 inspections of the children present as to the cleanliness of their heads and

bodies. Each department is visited once a quarter and every child present is inspected and other casual visits are made for inspection of special cases or at the request of the teachers.

At the first quarterly examination in 1919 the Nurses found 2,863 children with pediculosis of the head. Of these 287 had living lice (30 boys and 257 girls) the remainder (45 boys and 2,531 girls) having only nits. At the last quarterly examination 2,262 cases were found. Of these only 87 (6 boys and 81 girls) had living lice and the remainder (49 boys and 2,126 girls) had nits. Also of these 2,262 cases, 232 (13 boys and 219 girls) were new cases, only found at the last examination. Ordinary dirtiness of the head was found in 213 cases (132 boys and 81 girls) at the first examination, and at the last in only 46 (21 boys and 25 girls).

As to the condition of the body, vermin were found to be present at the first quarterly examination on 208 children (145 boys and 63 girls) and at the last examination these numbers were reduced to 47 (39 boys and 8 girls), and of these 17 (13 boys and 4 girls) were new cases. Of ordinary dirtiness of the body the experience was less satisfactory, only 34 children being found in a filthy condition at the first examination (25 boys and 9 girls), but the number having increased at the last to 77 (68 boys and 9 girls).

The number of new cases of pediculosis of the head keeps very much the same from year to year—1917, 349; 1918, 153; 1919, 232—but in the new cases of pediculosis of the body a steady reduction is found—1917, 116; 1918, 33; 1919, 17. It is to be regretted that in addition to these new cases many children, who having been at some former time found verminous or filthy and having been found to have been cleansed at the first quarterly examination in 1919, during the year relapsed and were found verminous or dirty at the last quarterly examination. The actual numbers having again become verminous as to the head was 472 of whom 10 (1 boy and 9 girls) had again live lice and 462 (7 boys and 455 girls) had again nits. Only 5 (2 boys and 3 girls) had again mere dirtiness of the head. Similarly as to the body 73 had relapsed, 24 (18 boys and 6 girls) having lice and 49 (44 boys and 5 girls) being filthy. The progressive improvement from year to year, noted above, in the case of new cases of verminous body applies also to relapses, the figures being, 1917, 62; 1918, 28; 1919,

24. but, unfortunately, the reverse is found with relapsed verminous heads, viz., 1917, 236 ; 1918, 315 ; 1919, 475. These new and relapsing cases are all included in the figures given above for the last quarterly examination.

29 One hundred and seventy-five children were excluded by the Nurses on account of their verminous condition (23 boys and 152 girls). Sixty nine children (46 boys and 23 girls) were cleansed at the Corporation cleansing station in Scarborough Street, all but 3 being cases of verminous bodies. The reasons for the small number of cases in which the verminous heads were cleansed are two (1) during the prevalence of influenza, which lasted into the early part of the year, the School Medical Officer considered it inadvisable to cut the hair of the girls for fear that any child, who had recently suffered from the disease or might be sickening for it, might receive a dangerous chill, and he, therefore, directed the nurses to temporarily suspend the cutting of the hair even in cases, in which it was obviously necessary ; and (2) when the influenza abated and the weather became warmer, the doubtful condition of the law on the subject made it desirable to have a legal opinion on the matter.

30 The Town Clerk was, therefore, consulted, and in a letter to the Director of Education, gave his opinion as follows : " I think each case must be dealt with on its merits, but at the same time I think that if a duly responsible person, who understands the matter, such as the School Medical Officer, is able to prove that, in any particular case, the only way of dealing with the head effectively within a reasonable time is by cutting the hair, I think that such evidence will be an answer to any proceedings for assault."

This letter led to the decision that only in really severe cases of pediculosis should the hair be cut, and then only after the head had been seen by one of the School Medical Officers and the record (green) form initialed in approval. Thus between the fear of chill in the early part of the year and the legal uncertainty in the latter, the hair of only 3 girls was cut during the year.

31 The number of parents prosecuted under the Children Act, Section 122, for allowing their children to become verminous after having been cleansed at the Corporation cleansing station was 30, a conviction being obtained in every case and fines of 10 shillings being inflicted in 23 and of 5 shillings in 7 cases. The difficulty in obtaining

the cleansing of the heads reduces the number of prosecutions, and this no doubt is the reason that verminous conditions of the body improve much more than those of the head as shown by the figures given above for all known cases, for new cases and for relapses.

- 32 These new and relapsing cases show that the campaign against the louse must be carried on with the same or greater vigour as in the past, and that in this campaign there is little hope of stamping out the pest. In this connection it is also to be remembered that 772 children (125 boys and 647 girls), who were found verminous or dirty at the first quarterly examination in 1919, left school during the year, most of them still uncleansed. Six hundred and eight of these (93 boys and 515 girls) left school on attaining the age of 14 years, and, therefore, passed beyond any power of compulsory cleansing, but the remainder either left the city or went to other schools or institutions, and it may be hoped will be found and cleansed. As long as the power of compulsory cleansing only exists respecting children between 5 and 14 years of age, it is only from a healthy public opinion that there is any hope of checking the pest, and that it must be checked to the utmost degree possible has been shown in former reports, and in this it is only necessary to again call attention to one most important practical point. Typhus fever, which is carried from the sick to healthy persons by lice, is at present epidemic in many parts of the continent with which communication is now becoming frequent as the effects of the war are passing away, and if from any of these places infected lice were conveyed in rags or otherwise and getting set free in England, carried the disease to persons bitten by them, an outbreak might take place, and rapidly spread by the infection of indigenous lice. It is to be remembered that in 1917 the Serbian Army was being decimated by Typhus, and the plague was stopped entirely by the destruction of the lice on the bodies and clothing of the men. It would surely be better to destroy the lice first without waiting for them to become a dangerous as well as a disagreeable nuisance.

- 33 Provision of Meals. The fall in number of children for whom it is necessary to provide meals, which progressed during 1918, has also continued during the year under consideration. The largest number of meals provided in any single week was 1,193 in the week ending February 7th, and these were consumed by 267 individual children, this also being the

largest number of children fed in any week. The smallest number of meals was 515 in the week ending October 24th, and the smallest number of children 134 in that ending August 15th. The demand rose slightly in the Autumn, and in the last complete week of the year, that ending December 19th, 180 children were fed and received 808 meals. These figures show that the high rate of wages received has largely neutralised the effect of the excessive cost of food.

Almost all the meals were dinners : until May 9th a few breakfasts, never more than 11 per week, were provided, but after that date these were discontinued.

34 Until August 12th the bill of fare continued to be that described in last year's report, which consisted entirely of vegetarian articles of diet, but after that date, when the catering was transferred to the National Kitchen Committee, it was possible to resume the two-course meals, which comprised meat or fish in the first course, were in use from August, 1914, until March, 1918, and were described in the report for 1914.

35 All children in regular receipt of meals are now weighed at 3 months intervals by the school teachers, and the results reported to the School Medical Officer. But few children received the meals regularly for prolonged periods, and thus the weights of only 90 can be examined. Of these 12 were weighed eight times at three monthly intervals, 65 seven times, and 13 six times. Of these 90 children (39 boys and 51 girls) not one lost weight, but 2 girls did not make any gain in eighteen months. The gain reduced to a yearly average amounted to 4.7 lbs. per boy, and 4.4 lbs. per girl, and these are almost exactly the average gains of the same number of boys and girls at the same ages as the above 90 deduced from the weights of the 14,920 Hull children examined by the School Medical Officers in 1919, viz., boys 4.8 lbs. and girls 4.7. As the weighing will be continued, it will be possible to compare the results obtained with a mixed diet with those of a vegetarian.

The meals were served at 9 canteen centres, of which 6 were halls hired for the purpose, and were the same as those in use last year. The 3 School Cookery Centres used as Canteen Centres last year continued to serve the same purpose. The School Medical Officer and Assistant Medical Officers paid frequent visits to the centres, and only on very few occasions had to find fault with the food, service or discipline.

Twelve delicate children during the year received allowances of milk, the quantity thus distributed amounting to 2,767 pints.

36 The Education Act, 1918, by Sections 13 to 16 transferred to the Education Committee the powers and duties exercised by the Health Department and the Police Authority under the Employment of Children Act, 1903, and the Prevention of Cruelty to Children Act, 1904, and (by Section 15) empowered the Committee to regulate the employment of any child so as not to be prejudicial to its health, acting on the report of the School Medical Officer or otherwise. Section 15 became operative at once, viz., from August 8th, 1918, and Section 13, paragraphs iii. and iv. from April 1st, 1919, but the other sections and paragraphs were not yet in force at the end of the year. The operative sections transferred to the Education Committee the powers of the Health Committee under the Employment of Children Act, 1903, under the byelaws adopted by the City Council under that Act and approved by the Home Office, but for the administration of the other sections when they come into force new byelaws are being prepared.

Children
employed
out of
School.

37 To carry out the duties and powers thus transferred to them the Education Committee appointed 3 Employment Officers to act under the Superintendent Attendance Officer, but to devote their whole time to the superintendence of children employed out of school. Arrangements were also made by which all children so employed should be periodically inspected by the School Medical Officers and directions were issued by the School Medical Officers to his Assistants in the following terms :—

“ In accordance with Sections 13 to 16 of the Education Act, 1918, it is now necessary that all children employed out of school should be periodically examined as to their fitness for such employment. Temporarily, this regulation applies to children of all ages, but when Section 13 is made operative, it will be illegal to employ children under 12 years of age. It is therefore necessary to carefully carry out the arrangements made at our meeting in 1913 to endorse the record sheet of each child examined at 12 years as to its unsuitability for employment, as this endorsement is the guide for the Employment Officers in their earliest dealings with the children.

The endorsement should be on the terms agreed on, viz.,

- “ Unsuitable for severe manual work.”
- “ Unsuitable for sedentary occupation.”
- “ Unsuitable for work exposed to bad weather.”
- “ Unsuitable for occupation in a dusty atmosphere.”
- “ Unsuitable for occupations involving prolonged standing.”
- “ Unsuitable for occupations causing eye strain.”
- “ Unsuitable for occupations requiring acute distant vision.”
- “ Unsuitable for occupations requiring acute hearing.”

and in some cases it may be necessary to say “ Unsuitable for any employment.” If the child is healthy and free from any defect, no endorsement need be made.

For the periodical examination of employed children, the following arrangements have been made :—The Employment office will send to the School Medical Officer at the Clinic, lists of children employed out of school hours as their cases are investigated. There will be a special form for the list and the Employment Officer will complete all parts excepting those for the visiting School Medical Officer. Boys and girls will be on separate lists and a separate list will be made out for each school. The list will be sent to the visiting School Medical Officer of the school concerned, and he (she) will arrange to inspect the children named in it at the next visit to the school, making this visit as soon as possible after the receipt of the list. After the examination, he (she) will enter in the appropriate column whether the employment is suitable or unsuitable, dating and initialing each case so that if the matter is contested, he (she) may be able to furnish a certificate, or give evidence. In its proper column, he (she) will enter the month on which he wishes to re-examine the child, which, if the employment is suitable, should be 12 months later; if unsuitable, 3 or 6 months. If, in the interval, the Teacher or the Employment Officer consider that the child is deteriorating, either of them will notify the School Medical Officer at the Clinic, and he will arrange for an earlier re-examination.

In all cases, the visiting School Medical Officer will notify the Head Teacher of his (her) intended visit, on

the special circular, giving at least 24 hours' notice. The Head Teacher will use every endeavour that the children required shall be present. Each child's record sheet is to be produced with it at each examination, and in all cases, the visiting School Medical Officer is to endorse his (her) conclusion on the back of the sheet, and if this is unfavourable, the facts on which it is based. The entry respecting each examination should be dated and initialed. Each child must be weighed by the visiting School Medical Officer at each inspection, and the weight entered on the record sheet."

When the Medical Examinations commenced cases soon occurred in which the School Medical Officers considered that children, though suitable for employment for a limited number of hours, were being employed for periods which were too great for their strength and noted this fact on their forms. To regularise this practice the School Attendance Committee in July resolved that the School Medical Officers should in future state on the examination form the number of hours for which a child should be employed for whom the present number is excessive. The following further instructions were therefore issued by the School Medical Officer to his Assistants :—

"The Committee have now given directions that each School Medical Officer, when he finds that any child is being employed for too long hours, should be asked to state on the form used for the purpose the hours of employment for which he thinks the child is fit, and also the period of the day. I suggest the use of the following terms :—

"Unsuitable for employment before school."

"May be employed hours."

"May be employed hours but only after school."

"May be employed hours on school days and hours on Saturdays."

These or any combination of them or similar terms should be entered in column 10 so that the Committee can make the necessary restrictions on the employment of the child. These suggestions are made under the present bye-laws, but when the whole of Section 13 of the Education Act, 1918, becomes operative, there will be considerable changes, of which I will give you due notice."

38 To ascertain the number of children employed out of school hours and the amount of work their inspection would entail to the School Medical Officers, a preliminary enquiry was addressed to the Head Teachers, asking for the names, addresses and occupations of all children known to them to be employed out of school. The number of names returned was 1,935 (boys over 12 years of age, 1,207, under 12 years 326 ; girls over 12 years 243, under 12 years 159). Had this number been correct, it would have represented a very considerable increase in the work of the Medical Officers, but enquiries by the Employment Officers very considerably reduced the number who were employed under the definition of the Act, viz., "by way of trade or for purposes of gain, whether the gain be to the child or to any other person." The numbers returned by the employment officers on August 27th were 637 (boys 612, girls 25) and the numbers actually examined up to the end of the year were 641 (boys 619, girls 22). Besides these there were 27 children (14 boys and 13 girls) who had ceased to be employed before the day of examination, and 30 children (27 boys and 3 girls) who had left school, having attained the age of 14 years, making a total of 698 children found by the employment officers. Of the 641 children 7 were found to be unsuitable for employment, 6 boys, of whom 5 re-examined at the end of 3 months, and 1 re-examined at the end of 6 months, were all still unsuitable, and 1 girl, who at the end of 3 months was stated to have ceased to be employed. The ages of these children varied from 9 years to 14 years as follows:—9 years, 5 boys; 10 years, 16 boys, 1 girl; 11 years, 60 boys, 2 girls; 12 years, 131 boys, 6 girls; 13 years, 368 boys, 13 girls; 14 years, 33 boys. The coming into force of Section 13 will, therefore, not greatly reduce the number of children employed by its action as to the age of the child, for of the 641 children only 84 (83 boys and 1 girl) were under the age of 12 years; the regulation of the hours will have a greater effect, rendering the services of the child of little use by limiting employment in most occupations to after school hours.

39 The larger number of the boys, 384, were employed as errand boys for various businesses, in the largest number, 113, the business not being specified, but 73 were stated to work for grocers, 34 for butchers, 23 for fruiterers, and 20 for newsagents, all except, perhaps, the last being occupations in which the boys might have to carry very

considerable weights. Among the remaining boys 102 were stated to be employed as newsboys, 31 (all over 13 years of age) as lather boys at barbers' shops and 9 as milk boys.

40 Of the girls only 5 were returned as errand girls, 1 each working at a cafe, a newsagent's shop, a chemist's, a milliner's and a laundry, the last being the only one, who would be in danger of being over-loaded. Of the remaining girls 5 were news girls, 6 were doing housework, and 1 was a milk girl. The exceedingly small proportion of girls compared with the boys obviously results from the definition of employment, viz., labour exercised for gain, whether the gain be to the child or to any other person, for many girls must be employed at home in domestic duties or taking care of younger brothers or sisters, from which work no direct gain results to any one. No supervision can at present be exercised over this kind of employment, nor is it easy to see how it would be possible to devise means for its supervision.

41 One curious point emerges from the examination of the distribution among the schools⁹ of the children employed, namely, that the poverty of the district served by a school does not increase but diminishes the employment of children attending that school. Thus from Lime Street School there is not one child returned as employed, and from Charterhouse Lane and Osborne Street only 5 each (4 boys and 1 girl), from Lincoln Street 6, from Sir Henry Cooper and Crowle Street only 5 each, and from T. B. Holmes, 7 (5 boys and 2 girls). On the other hand, Clifton Street has 34, Esteourt Street 29, Mersey Street 24, Southcoates Lane 21 (one only 9 years of age), Paisley Street 20, and Sidmouth Street and Middleton Street 19 each. These figures are exactly the opposite of what might be expected if it were on account of the necessities of the parents that children were sent to work out of school hours, and point rather to the thrift of the parents in the better districts and the thriftlessness of those in the poorer. On the other hand, it may be said that the parents of the children in the poorer schools may not be able to dress their boys sufficiently well to enable them to secure engagements as errand boys or in other employments for which a good appearance is a recommendation.

42 The method of following up remained the same as last year, with the exception that in August a sixth school nurse was appointed, but, with the condition attached

^{Treatment}
and follow-
ing up.

to her duties that she should be available, whenever required, to take duty as a resident nurse at the Municipal Training College. This duty she was only called upon to perform once, and then only for 1 day. The City was, therefore, divided into 6 districts, one for each nurse, and this enabled the following up to be more easily performed.

The number of visits to the homes by the Nurses was 25,793, and the number of defects followed up 10,438. The classification of the cases followed counted as defects is shown in Table IV., and the total number of children affected with one or more defects each in Table V. The numbers of these, which obtained treatment, are highly satisfactory, the number of defects treated being 9,763, or 93.53 per cent. The 10,438 defects were distributed among 9,666 children, of whom 8,756 obtained treatment, or 90.60 per cent. The number of defects about which no report is available is remarkably small, being only 48 as against 115 last year. Indeed, the number should only be 38, as it is known that 10 of these children died during the year, and therefore it cannot be said that in their case no report is available. Of the remaining 38, the larger number left the City. Of the defects not treated, 627 in number, only 5 were cases of actual refusal to obtain treatment, all the others being followed up until treatment is obtained.

- 43 Warning notices were issued to 37 parents, who showed undue delay in obtaining treatment, with the result that it was then obtained by 27. Of the remaining cases 5 were visited by the Superintendent Attendance Officer, who explained the provisions of the Children Act, Section 12, with the result that in 4 cases treatment was obtained. In the fifth a spectacle case, in which the prescription had been issued by Dr. Wales, no prosecution was possible, as Dr. Wales had left the country, and, therefore, the refusal had to be accepted.

Only one prosecution took place under the Children Act, 1908, Sect. 12, in which the father of the child was prosecuted for not securing its regular attendance at the Clinic, where it was under treatment for blepharitis (inflammation of the eyelids). The case was adjourned on the defendant promising that regular attendance should be made and this having been done, at the adjourned hearing, the magistrates respited judgment on payment of costs.

- 44 The following is the report of Miss Baker, the Organiser of Physical Training :-

*Report of Physical Training in the Elementary
Schools of Hull from
September, 1918 to December, 1919.*

Dear Sir,

I beg to present a report of the work of Physical Training in the Elementary Schools of Hull from September, 1918, to December, 1919.

A few visits to the Schools sufficed to shew—(1) The degree of efficiency generally attained in this subject. (2) The effect of the training upon the physique of the children. (3) The points upon which most help was necessary in order to secure full benefit from the physical training lesson. The value of the work was considerably diminished by (1) A vague or very limited knowledge of the syllabus. (2) The inability to adapt lessons to existing school or climatic conditions. (3) The inadequacy of the amount of time allotted to this subject, or unsuitable time periods. (4) The lack of space, equipment and unsuitable dress and foot gear. Physical training is a very wide subject. Until quite recently the two "drill" lessons per week, were practically all that was implied by this subject, but it is now realised that games, in the playground and on the playing field, swimming, dancing, &c., are valuable allies and must be considered as a necessary part of any scheme of physical training.

Physical Training Classes for Teachers.—As a means by which the Teachers could be assisted to a fuller knowledge of the subject, classes were arranged to meet their special needs. That the classes were appreciated was proved by the number of Teachers attending, whilst their hard work and enthusiasm was most praiseworthy. In all 9 classes were held—2 for men and women Teachers desirous of qualifying for the "Drill Certificate" of the Board of Education. From these classes 17 men and 21 women took the practical part of the examination in April, and all were successful; 1 class was held for Uncertificated Women Teachers; 3 classes were held for Infant and Standard 1. Teachers, one in each district of Hull, and practically all the Infant Teachers of the town attended; 1 mixed class for men and women was held for those Teachers who wished to extend their knowledge of suitable school dances, and 2 short games classes were held in order to give the Teachers a good selection of

snitable games for play ground and playing-field. There is no doubt as to the efficacy of this method of assisting the Teachers with this subject. Upon a visit being paid to any class of which the Teacher had availed him or herself of the instruction given, the work shewed a marked improvement.

Summer Vacation Classes.—In addition to these local classes, 14 Teachers attended a special course in Physical Training at the Summer Schools. The date of the course necessitated "leave of absence" for an additional fortnight, and thanks are due to the Education Committee for this extension and a monetary grant. The special knowledge gained by those attending, has been taken advantage of by the Head Teachers, who, in many cases have allowed these Teachers to specialise in the subject, thus raising the standard of work throughout their department. In addition to these classes a Demonstration of Modern Methods of Physical Training was held in April at which nearly a 1,000 Teachers were present.

Time.—Physical training in order to be most effective in its results must be taken daily. A year ago a large majority of the Schools had this subject on the time-table for 2 half-hour periods per week. Six months ago the majority of schools had adopted 3 twenty-minute periods, and this is now being gradually superseded by the "daily lesson." In addition to this there is time spent on the playing-field, though this usually applies to the senior pupils only.

Space.—Lack of floor space is one of the greatest drawbacks to the satisfactory teaching of this subject. It is to be regretted that many Schools which do possess halls, cannot use them for the purpose of physical training, as they are occupied by classes. To meet this difficulty of "space" the Education Committee have acquired the use of three large covered swimming-baths for the winter months, and schools within a reasonable distance use these for the physical training lessons; 25 schools have been assisted in this way.

Dress.—In most of the Boys' Departments preparation is made by the removal of coat and collar, whilst a few Girls' Departments are making simple tunics in the needlework lesson. The high cost of material is against a more general adoption of this plan at the present time. In many departments (girls' and junior) shoes are made in the handwork lesson. The use of the

covered baths has done much to bring home to the *children* themselves the greater delight of the work, when they are suitably clad. Where shoes are an impossibility bare feet are the rule.

Swimming.—There are three Public Baths, and these are acquired by the Education Committee for the use of the School children. The boys attend on 3 days and the girls on 2. There are two Instructors (one man and one woman) who visit the Baths in turn to give instruction in this subject. The Education Committee grant certificates upon a test being passed at the end of the season. The number of certificates granted in 1919 were :—

		1st Class.	2nd Class.	3rd Class.
Boys	..	138	127	723
Girls	..	6	23	205

The Education Committee have also provided a fine Challenge Shield. Of great interest to the scholars and the general public are the Annual Swimming Squadron Competitions, district and final. These events are most ably managed by a committee composed of 2 Councillors from the Education Committee and 15 teachers elected annually. All positions are honorary and the meetings are held after school hours.

Playing Fields.—1919 has been marked by a very important advance in this phase of Physical Training; the innovation in many schools of a "field" afternoon. In September, 1918, two departments enjoyed the privilege; in September, 1919, 72 departments were enjoying it. From most departments 3 classes attend (approximately 150 children), so that 10,800 children enjoy a field period from 1½–2 hours per week. The accommodation at the present consists of 4 public parks, and 5 other open spaces, and so far has proved sufficient. The biggest drawback has been lack of accommodation for dressing, lavatory, storage and shelter. The Education Committee are considering the advisability of placing an army hut on each playing field to meet these needs. The fields are used by the boys all the year round, by the girls from Easter to October. With regard to apparatus, the amount supplied during the year has been 90 footballs, 70 cricket bats, 460 balls (various), 445 skipping ropes. Other apparatus such as rounder bats, jumping stands, &c., have been made by the boys at the Manual Instruction Classes. Great success attended an Elementary School Sports Day, but

better still were the number of individual schools sports afternoons that were held. These afforded excellent opportunities for the co-operation of teachers and parents.

Elementary Schools Football Association.—The season 1918-1919 marks the completion of 21 years of School Association Football in Hull. There are both Cup and Shield Competitions, for which 26 schools have entered teams this season. Great thanks are due to the teachers, who for so long have devoted their Saturday mornings to the interests of their scholars. Valuable as this work has been, it is hoped that a more comprehensive organization may exist in a "Schools Athletic Association."

School Camp.—Negotiations for a School Camp are proceeding, but it is doubtful whether the Hull scholars will reap the benefit of it in 1920. For one week in June, 1919, 58 boys from Sidmouth Street School went to camp in hutments at Cowden, near Hornsea. The experiment was an unqualified success. The Headmaster writes of the venture "of the advantages to the boys, I am more fully convinced than ever. The novelty and freedom of the life very early shewed its effects. New relationships between boys and teachers were established, and new revelations as to the characters of the boys were obvious. The boys were made to feel the individual responsibility of each for the good of all."

Playgrounds.—The use of the playground for lessons other than Physical Training, has not yet become general. In many cases they are overlooked by the public; in some cases they are shared by two departments, thus making organization a little difficult; others have no seating accommodation, others no shelter. The matter is receiving attention. Ten schools have ground sheets, whilst sets of stools are being made at the manual classes. Ten "nests" of six stools, easily carried to and from school, and taking up a very small amount of storage room, are being supplied to schools in order to admit of outdoor lessons.

Play Centre.—There is only one play centre in Hull at present. It is open five evenings per week from 5.30-7 o'clock. The children of the neighbourhood go in at will, and take part in the organized games, and other occupations there in progress. On two evenings the work is organized by members of the staff and students from the Training College, their services being voluntary;

on the other evenings the work is carried on under a leader and staff of paid assistants. The average number of children present per evening has been 187. It is very probable that arrangements will be made for the establishment of more play centres in the near future.

Remedial Work.—The children notified by the Medical Staff as having slight physical defects number 57. Efforts are being made to remedy these by special exercises during the Physical Training lesson at school, and with the co-operation of the parents at home; more effective measures, however, will be possible with the opening of the School for Physically Defective Children. In conclusion, I beg to thank the Education Committee for their support and consideration during this first year of my duties as organizer, and the teachers for the kindly manner with which they have received my efforts to assist them.

I remain, Yours faithfully,

K. MEADEN BAKER,
Organizer of Physical Training.

45 The number of children attending the Minor Ailment
Inspection Clinic was 2,911, and of those attending the Inspection
and Minor Clinic 982, the number of attendances at both Clinics
Ailment taken together being 72,221. The number of attendances
Clinics. at the Dental Clinics was 4528, making a total of 76,749. This very large number caused the Clinic to be seriously overcrowded at times even with the extra accommodation acquired during the year. It is hoped that the opening of the Coltman Street Clinic will divert a considerable number of attendances and reduce the pressure on the Central Clinic. Of the 2,911 children attending the Minor Ailment Clinic, 1,792 were discharged cured, 40 were transferred to other treatment and 34 either left the city or otherwise passed from control. The remaining children are still under treatment.

§ 46 By far the largest proportion of cases was furnished by external eye diseases of which 1,588 were treated, viz., 149 cases of blepharitis (inflammation of the eye-lids), 941 cases of conjunctivitis, 482 of granular ophthalmia and 26 of keratitis (inflammation of the cornea). Of these were discharged cured 76 cases of blepharitis, 652 of conjunctivitis and 256 of granular ophthalmia. The next largest number of cases was that of Ringworm of the head, 428; of which 338 were cured and 12 transferred to other treatment. The method of treatment has been

almost entirely that by ethyl iodide, but a few cases have been treated by tincture of iodine alone. The average time required to obtain a cure in the 318 children who attended regularly was 8·7 weeks, which shows a gratifying improvement on the results of former years, *e.g.*, 1917, 12 weeks and 1918, 10 weeks. This result is very satisfactory and if it can be regularly attained, will dispose of the necessity of installing an X-ray apparatus for treatment of ringworm, for the 8 weeks required this year for cure by the ethyl chloride method is exactly the same as that required in a series of 66 cases treated by X-rays at Guy's Hospital to which reference was made in the report for 1915. Irregularity of attendance however greatly prolonged the treatment, the average time required for a cure in 19 such cases being 21·5 weeks. Of ringworm of other parts 63 cases were in attendance, and of these 51 were cured the average time required being 4·1 weeks, practically the same as in former years.

Three hundred and ninety-nine cases of otorrhœa (running ears) attended, and 101 were discharged with the ears dry. Two hundred and forty-four cases of Impetigo ("scald" head) were treated, 185 being cured in an average period of 2·6 weeks.

- 47 The report of Mr. W. Stanley Miller, L.D.S., and Mr. G. Richardson, L.D.S., School Dentists, is as follows :—

Dental Clinic,
School Medical Department,
Jameson Street, Hull.

March, 1920.

Dear Sir,

We beg to present a report of work done by the School Dentists at the Clinic for the year 1919. It is composite in nature inasmuch as it includes operations performed by Mr. Miller, from his demobilization and rejoining the staff in May.

A large increase will again be noticed in the number of special (casual) cases presenting themselves for treatment, and with these we are now able to satisfactorily deal. Unfortunately they consist almost wholly of conditions needing extraction and whilst, as will be noted, we have been able to save some 155 teeth for these cases, little or no interest seems to be evinced in oral conditions until the teeth are beyond repair. A relief to this want of

interest, however, is afforded by the increasing number of parents who are periodically bringing their children for examination and advice, thus making the apathy of the majority less disheartening. More vigorous methods of instruction in oral hygiene both to children and parents are necessary, and though we lose no opportunity of personal instruction on their visits to us we feel that a further advance in this direction would be distinctly beneficial. Unfortunately the public dental services, owing to lack of co-ordination and completion, lose much of their utility and this mainly by inability to re-examine. Addition to our staff will make much of this very necessary work possible for us.

The year has been unusually rich in interesting cases. Capillary naevus, osteomata, papillomata, epulis, together with many cases of gemination and supernumerary teeth have been examined and treated where possible. Prematurely erupted bicuspid, usually showing signs of decalcification, have been met with and almost always accompanied by septic conditions.

Attendances since the special waiting room has been provided have been consistently good, a frequent source of refusal to attend thus having been eliminated. In no cases was it necessary to proceed beyond the issue of warning notices (24A), which have proved most efficacious. Personally written requests for attendance giving our objects in concise form have also been tried and proved useful.

Conservative operations for the routine group (6 to 7) work out at 1 to 10.4 as compared with extractions, and this is as high an average as can be profitably obtained considering the pioneer nature of the work.

We wish to thank you for the kindly help and advice which you have always most willingly given us.

We remain,

Yours sincerely,

W. STANLEY MILLER, L.D.S.

GEORGE RICHARDSON, L.D.S.

School Dentists.

To James W. Fraser, Esq., M.D., C.M., M.R.C.S.,
School Medical Officer.

Schools visited	..	..	..	60
	Boys.		Girls.	Total.
Examined	2054	..	1914	.. 3968
Teeth, Sound	317	..	296	.. 613
Do. less than 4 decayed	798	..	735	.. 1533
Do. more than 4 decayed	922	..	866	.. 1788
Oral Sepsis	17	..	17	.. 34
Notices sent to Parents	—	..	—	.. 2375
Total Attendances at				
Dental Clinic	—	..	—	.. 4528
*Special (Casual) Attendances—	..		—	.. 1922
*Included in the total.				

Routine Work—

Extractions with general
anæsthetic—

Temporary Teeth ..	1874	..	1569	.. 3443
Permanent Teeth ..	35	..	41	.. 76

Extractions with local
anæsthetic—

Temporary Teeth ..	1308	..	1103	.. 2411
Permanent Teeth ..	23	..	23	.. 46

Fillings—

Temporary Teeth ..	192	..	168	.. 360
Permanent Teeth ..	98	..	113	.. 211

Special (Casual) Work—

Extractions with general
anæsthetic—

Temporary Teeth ..	456	..	487	.. 943
Permanent Teeth ..	48	..	61	.. 109

Extractions with local
anæsthetic—

Temporary Teeth ..	973	..	829	.. 1802
Permanent Teeth ..	206	..	229	.. 435

Fillings—

Temporary Teeth ..	15	..	21	.. 36
Permanent Teeth ..	34	..	85	.. 119

Various—

Dressings	—	..	—	.. 176
Scalings, &c.	—	..	—	.. 64
Treatments—				
Pyorrhæa, Gingivitis, &c.	—	..	—	.. 44

- 48 The number of children—982—attending the Inspection Clinic shows an increase on that found last year, and of these 733 were routine and 249 special cases.

Twenty nine cases of ear disease and deafness were inspected, of which 13 were found to be cured ; one was under treatment and notices of its necessity were issued to the parents of 5 others.

Eighty-two cases of ringworm of the scalp and 34 of ringworm elsewhere attended for inspection, of which number 68 of the former and 33 of the latter were either cured or had never had the disease. The number, as in former years, would have been larger had there been included a number of cases, which, attending for inspection and being found not to be cured, accepted treatment and are counted as attending the Minor Ailment Clinic. The same statement applies to the numbers under the heads of ear diseases and external eye diseases.

Of actual tubercle of the lungs 15 cases were inspected of which 4 were considered to be arrested and 9 were under treatment, and of suspected tubercle 18 cases, of whom 6 lost all signs of disease and 2 were under treatment. Of tubercle elsewhere 12 cases attended, 6 of bone or joint disease, 2 of glandular ; both the latter and 5 of the former were found to be cured.

Fifty-two cases of external eye disease presented themselves for inspection, of which number 41 were found either to be cured or never to have had any disease ; 4 were under treatment and notice of its necessity was issued to 1 other. Three were cases of corneal opacity not susceptible of further treatment.

- 49 Six hundred and ninety children were inspected, 591 on account of defective sight and 99 on account of squint ; 232 of these (213 in whom the sight had been considered to be defective and 19 with squint) were found not to require spectacles. Three hundred and ninety-two (326 with defective sight and 66 with squint) required spectacles and prescriptions were issued to them. Twenty-four had already obtained suitable spectacles and 6 chose to obtain treatment elsewhere. Spectacles were found to be useless in 22 cases, of whom 5 were blind and 2 were cases of squint, in which operation was advised. Two children failed to come when sent for and the parents of one refused treatment, but these are not included in the 690 attending the Clinic. Of the 392 cases in which prescriptions for spectacles were issued, they were

obtained in 293, the remaining cases being still followed up to see that they are obtained. Also 90 children obtained spectacles from prescriptions issued during 1918, the total being 383 pairs of spectacles obtained during the year from clinic prescriptions. Thirty-three children also obtained prescriptions from private medical men or from one of the institutions.

Ninety-eight pairs of spectacles were provided by the Education Committee during the year in accordance with the scheme described in last year's report, and for 16 of these no charge was made to the parents. In 4 cases the parents having already paid part of the cost, the remainder was paid by the Committee.

- 50 Twenty-three children were visited at home by the School Medical Officer and inspected as to their suitability for admission to the proposed School for Physically Defective Children, among them being 9 cases of disease of the nervous system, paralysis, &c., 10 of tubercle of bone or joint and 4 of rickets. Other cases inspected for this purpose attended at the Clinic and are included in the ordinary inspection clinic numbers.

- 51 The epidemic of influenza during the spring of the year was of a much milder type than either of those which occurred in 1918, and had much less effect on school attendance. During the autumn scarlet fever was very prevalent, and led to much interchange of information between the Health and the School Medical departments. With these two exceptions, there was no large development of infectious disease.

Scarlet Fever. Up to the end of August, three weeks after the summer holidays, the notifications of this disease in connection with the schools followed the type which has prevailed in every year since they have been tabulated, that is almost every school had a few scattered cases (only six schools entirely escaping), but none sufficient to cause any anxiety. A few cases were notified in the next week in connection with Constable Street School and Mersey Street Schools, the larger number in connection with the former. Special visits were paid by the School Medical Officer to both Schools, but no evidence specially implicating the schools as sources of infection was found. At Mersey Street the number of cases lessened, but new cases arose at Constable Street, and it was decided to take advantage of the October holiday to disinfect that school, which was done

by the Health Department. Consultations took place between the Medical Officer of Health and the School Medical Officer, and it was agreed that as cases were being notified from almost every school in the City, no good purpose would be served by closing the schools. The prevalence continued during October and November, but was abating at the end of the year.

The disease was of an exceedingly mild type; the figures, for which the School Medical Officer is indebted to the Medical Officer of Health, showing the number of notified cases to have been 1,061, with a mortality of 3. This mildness has, however, its unsatisfactory side, many of the cases being unrecognised and receiving no medical treatment. They were, therefore, not notified, and mingled with other people while still infectious. A number of special visits were, therefore, asked for by the teachers, and children found desquamating, who had been away from school for a few days, a fortnight or three weeks before for a slight illness.

- 52 Diphtheria also followed much the usual course during the year, scattered cases occurring all over the City, and no single school escaping without one or more notifications. At Westbourne Street Infants' Department, however, the disease in March infected one teacher and one child, and various other children were absent, stated to be suffering from sore throats. The School Medical Officer, therefore, made several special visits, and swabbed all suspected cases. These swabbings revealed a large proportion of carrier cases and the School Medical Officer acting on the instructions of the Committee, and with the assistance of the Woman Assistant School Medical Officer, swabbed all the children attending the department and the elder brothers and sisters of any found to be positive. The Infants' Department was closed and disinfected, and it was left to the discretion of the School Medical Officer to close the other departments if it were found necessary. This, however, was not required. In all 407 children were swabbed, of whom 161 were found positive, but very few developed actual diphtheria, only 15 cases being notified in connection with the school. The Infants' Department was re-opened on June 30th.

During the last week of November and the first week of December some anxiety was caused by the number of cases notified from St. George's Road School. Eight

special visits were paid by the School Medical Officer and Assistant School Medical Officer, and all suspicious cases were swabbed and excluded. Among these was a case of nasal diphtheria, which may have been the infecting cause, for after it and the other carrier cases had been excluded, only one more notification of diphtheria occurred in connection with the school.

While on this subject, the School Medical Officer wishes to express his thanks to the City Analyst for the rapidity with which he dealt with all the swabs, and especially with those resulting from the investigation at Westbourne Street School.

53 Measles during the first half of the year was a rare disease, only 45 cases being notified in connection with all the schools, but after the holidays the usual biennial visitation commenced, starting, as usual, in the west and working round until at the end of the year it had reached the northern district. The abolition by the Ministry of Health in January of the notification of measles will deprive the School Medical Officer of further knowledge of this disease, except what can be gathered from teachers and attendance officers.

54 A considerable number of cases of Chicken-pox were notified, but none of Small-pox, and only one case each of Encephalitis Lethargica and of Cerebro-spinal Meningitis. No cases of Poliomyelitis were notified in connection with any of the schools, and, though 32 cases of Malaria were notified in houses from which children attended elementary schools no case is known to have occurred among the children.

55 Of the notifiable infectious diseases, the following number of cases were found by the School Medical Officers among routine (code group) inspection cases, as special cases and attending at the Clinic; of scarlet fever 19 cases (10 of which were special), of Diphtheria 21 (8 of which were special), of Measles 4 (2 of which were special).

The attendance at the Clinic is, of course, strictly forbidden, but, despite this, a number of children are sent or brought by teachers or parents, to see if they have an infectious disease.

Of the minor non-notifiable infectious diseases there were also found in school or at the Clinic 11 cases of Whooping Cough (1 special), 26 cases of Chicken-pox (6 special) and 12 of Mumps (all special cases).

- 56 Ringworm of the Scalp, though still very prevalent, showed a considerable reduction during the year, 668 cases being recorded as against 790 last year. Only 404 new cases were found and of the 668 children affected 527 were cured during the year and returned to school, of these 202 were treated either at one of the Medical institutions or by private medical practitioners, with an average absence from school of 15.1 weeks. It is gratifying to notice that the similar period for children treated at the clinic is 8.7 weeks. Of the cases not cured 129 are already under treatment, and the remaining 12 are being followed up. Ringworm of other parts of the body gave 211 cases, of which 182 were cured during the year, the average absence being slightly over 4 weeks. All but 2 of the remaining 29 cases are already under treatment.
- 57 The prevalence of Scabies seems also to have been checked, the number of cases, 1,080, met with among the school children during the year showing a reduction of 362 as compared with last year. Of these 150 were still uncured at the end of the year, but 123 were under treatment and the remainder were being followed up. Treatment was obtained by 242 cases at the hospitals or from private doctors: by 377 at the sulphur baths at the Corporation cleansing station, and 430 had home treatment under the direction of the Nurses. The period of absence averaged 8.7 weeks, practically the same as last year.
- 58 Nine hundred and forty-nine cases of Impetigo were known during the year, of which 244 attended the clinic and 130 the hospitals or private medical advice, the remainder being treated at home under the advice of the Nurses. The average absence from school of those not treated at the clinic was 5.4 weeks. One hundred and thirty-six cases were still under treatment, and 27 were being followed up until treatment was obtained.
- 59 The disease which caused the most interruption of school attendance during the year was infectious eye disease. Eighteen hundred and thirty-seven children were absent from school for longer or shorter periods on account of external eye diseases. These, however, were not all infectious cases, as only 928 children were excluded on the certificate of the School Medical Officers. Some, however, would be absent from school with medical certificates procured from other sources. Follicular

conjunctivitis (granular ophthalmia) was by no means unknown before this year : in 1917 it had a considerable prevalence, but chiefly confined to one school. This year the prevalence was not so limited, but cases were found in all parts of the town.

Only few of the cases caused anxiety as to the effect on sight, but those older and more established require a very tedious and rather painful treatment ; hence, as the child is otherwise in good health and shows no external signs of serious trouble in the eyes, the attendance at the clinic becomes very irregular, and more following up is required than for any other disease. Early cases respond quickly and painlessly to treatment, and it is very desirable that every doubtful case of inflamed eyes should be seen by a School Medical Officer as early as possible not only to prevent spread of the disease, if the case is found to be infectious, but also to secure a rapid and painless cure.

60 The Special School for Mentally Defective Children with recognised accommodation for 115, had 128 children (80 boys and 48 girls) on the register, and an average attendance of 96·8. Twenty-eight children (18 boys and 10 girls) were admitted during the year, and 20 left (14 boys and 6 girls). Of these 20, 4 (3 boys and 1 girl) left on attaining the age of 16 years, and 6 (4 boys and 2 girls) were released from attendance after attaining the age of 14 years, suitable occupation having been found for them. Two boys left the City with their parents, 2 were removed from the registers on account of illness and 2 died. Three (1 boy and 2 girls) having been found to be incapable of receiving further benefit from instruction were removed from the register.

61 Fifty-three children (31 boys, 22 girls) were examined by the School Medical Officer during the year respecting their mental condition, with the result that 11 (5 boys, 6 girls) were found to be only dull and backward, and continued to attend ordinary elementary schools. Twenty-five (19 boys, 6 girls) were found to be mentally defective, but educable, and therefore eligible for admission to the Malton Street Special School. Beside the above, 3 boys and 7 girls were examined and found to be imbecile, and 3 boys and 2 girls were not certified to attend Malton Street for various reasons, viz., 1 mentally defective, required residential treatment, 1 both mentally and physically defective, 1 who appeared not to be defective, but whose speech was so imperfect that he

was sent for education at the Osborne Street School for the Deaf and Dumb, 1 a case of arrested Hydrocephalus, which was sent to an ordinary elementary school, with a warning to the Head Teacher against over pressure, and finally 1 Epileptic, but not mentally defective.

Seventeen children were reported to the Local Control Authority (10 boys and 7 girls), of whom 9 (7 boys and 2 girls) had been in attendance at the Special School.

62 The Deaf and Dumb School in Osborne Street had 43 pupils on its register (23 boys and 20 girls).

63 Twelve blind children (7 boys and 5 girls) are in residential blind schools outside the City. Five of these (4 boys and 1 girl) were admitted during the year after being examined by the School Medical Officer.

64 The Girls' Industrial School in Park Avenue was during the year under the medical charge of one of the part-time Medical Officers, Dr. Ethel Townend, but was closed at the end of December, its license having been surrendered.

Other
Duties. 65 The School Medical Officer examined 11 male and 3 female teachers on appointment and also 3 School Nurses. He also examined 9 male and 26 female teachers and 1 school attendance officer on account of illness, and also 16 bursary candidates, all female and all being accepted.

The Woman Assistant Medical Officer examined 14 female teachers and 14 bursary candidates, all the latter being accepted but 1 being directed to obtain treatment.

The School Medical Officer also examined 5 boys before their return to Industrial Schools on revocation of their licences.

In conclusion, I desire to thank my medical colleagues for their assistance, especially in the preparation of this report, and on their behalf and my own to express our thanks to all connected with the elementary education of the children for their help in the work and the information they have given us.

I remain,

Yours very truly,

JAMES W. FRASER,
School Medical Officer.

To the Director of Education.

TABLE I.
NUMBER OF CHILDREN INSPECTED FROM JANUARY 1ST TO DECEMBER 31ST, 1919.
A—CODE GROUPS

Ages.	Entrants.		Intermediate Group.				Leavers.			Grand Total.
	5 years.	6 years.	Total.	8-9 years.	12 years.	13 years.	14 years.	15 years.	Total.	
Boys ..	1472	605	2077	2458	2501	88	12	1	2602	7137
Girls ..	1677	796	2473	2779	2331	189	11	—	2531	7783
Total ..	3149	1401	4550	5237	4832	277	23	1	5133	14920

B—GROUPS OTHER THAN CODE.			
Boys and Girls	..	..	..
	Other Groups.	Special Cases.	Re-examinations.
	None.	3189	1072

TABLE II.
RETURN OF DEFECTS FOUND IN THE COURSE OF
MEDICAL INSPECTION IN 1919.

Defect or Disease.	Code Groups.		Specials.	
	Number referred for Treatment.	Number to be kept under Ob-servation.	Number referred for Treatment.	Number to be kept under Ob-servation.
(1)	(2)	(3)	(4)	(5)
Malnutrition.. ..	19	9	13	3
Skin—				
Ringworm, Head ..	40	—	277	67
" Body ..	4	—	125	22
Scabies	38	—	10	1
Impetigo	80	1	209	—
Other Skin Diseases	29	—	27	—
Eye—				
Defective Vision and Squint ..	501	650	30	3
External Eye Disease	174	9	1336	33
Ear—				
Defective Hearing ..	8	11	—	1
Ear Disease ..	132	14	247	5
Nose and Throat—				
Enlarged Tonsils ..	146	54	83	2
Adenoids	23	13	30	3
Enlarged Tonsils and Adenoids ..	—	2	18	—
Other Diseases ..	15	3	—	—
Heart Disease—				
Organic	20	14	11	7
Functional	17	50	4	7
Anæmia	29	3	12	7
Lungs—				
Tuberculosis ..	36	4	15	7
Suspected Tuberculosis ..	29	101	32	39
Bronchitis	18	—	13	3
Other Lung Disease	6	3	1	—
Nervous System—				
Epilepsy	—	—	—	3
Chorea	1	—	—	3
Other Nervous Disease	—	—	1	9

(Continued on page 43.)

TABLE II.—Continued.

Defect or Disease.	Code Groups,		Specials.	
	Number referred for Treatment.	Number to be kept under Observation.	Number referred for Treatment.	Number to be kept under Observation.
(1)	(2)	(3)	(4)	(5)
Non-Pulmonary Tubercle—				
Glands	1	1	13	—
Bone and Joint ..	—	1	10	—
Other Tubercle ..	8	5	6	1
Rickets	22	1	5	5
Deformities	75	14	34	2
Other Diseases ..	179	10	227	198

TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1919.

	Boys.	Girls.	Total.
Blind—			
Attending Public Elementary Schools	—	—	—
Attending Certified Schools for the Blind	7	5	12
Not at School	4	2	6
Deaf and Dumb—			
Attending Public Elementary Schools	—	—	—
Attending Certified Schools for the Deaf	23	20	43
Not at School	—	—	—
Mentally Deficient—			
Feeble-minded :			
Attending Public Elementary Schools	—	—	—
Attending Certified Schools for Mentally Defective Children	80	48	128
Notified to the Local (Control) Authority during the year ..	10	7	17
Not at School	5	3	8

(Continued on page 44.)

TABLE III.—Continued.

	Boys.	Girls.	Total.
Mentally Deficient—continued.			
Imbeciles :			
At School	—	—	—
Not at School	12	16	28
Idiots.. .. .	6	4	10
Epileptics—			
Attending Public Elementary Schools	17	9	26
Attending Certified Schools for Epileptics	—	—	—
Not at School	16	16	32
Physically Defective—			
Pulmonary Tuberculosis :			
Attending Public Elementary Schools	4	5	9
Attending Certified Schools for Physically Defective Children	—	—	—
Not at School	51	90	141
Other Forms of Tuberculosis :			
Attending Public Elementary Schools	86	108	194
Attending Certified Schools for Physically Defective Children	—	—	—
Not at School	13	10	23
Cripples other than Tubercular :			
Attending Public Elementary Schools	84	73	157
Attending Certified Schools for Physically Defective Children	—	—	—
Not at School	16	10	26
*Dull or Backward—			
Retarded 2 years	825	902	1727
Retarded 3 or more years	197	213	410

* Judged according to age and standard.

TABLE IV.
TREATMENT OF DEFECTS OF CHILDREN DURING 1919.

Condition.	No. of defects found for which treatment was considered necessary.		No. of defects for which no report is available.	No. of defects treated.	Results of Treatment. Discharged cured.	No. of defects not treated.	Percentage of defects treated.
	From previous Year.	Now (Cases.	Total.				
Malnutrition ..	1	32	33	28	4	5	84.84
Nose and Throat ..	59	278	337	241	196	93	71.51
External Eye Disease ..	118	1713	1831	1804	1209	24	98.52
Ear Disease ..	76	394	470	439	132	25	93.40
Teeth ..	382	2987	3369	3118	3107	248	92.54
Heart and Circulation ..	20	81	101	89	33	11	88.11
Lungs ..	18	150	168	152	53	15	90.47
Nervous System ..	1	8	9	9	1	—	100.00
Skin ..	569	2445	3014	2936	2475	71	97.41
Rickets ..	5	23	28	22	6	6	78.57
Deformities ..	30	82	112	77	52	33	68.75
Tuberculosis, Non-Pulmonary ..	12	37	49	48	39	1	97.95
Vision and Squint ..	103	510	613	509	404	82	83.03
Hearing ..	5	13	18	14	7	4	77.77
Miscellaneous ..	38	248	286	277	221	9	96.85
Total ..	1437	9001	10438	9763	7939	627	93.53

TABLE V.

INSPECTION AND TREATMENT, &C., OF CHILDREN
DURING 1919.

(1) Total number of children medically inspected whether code group, special or ailing child	18240
(2) Number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1404
(3) Number of children in (1) who were referred for treatment, (excluding uncleanliness, defective clothing, &c.)	9666
(4) Number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	8756